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CLINICAL LECTURES.

TWO CASES OF DISEASE OF THE NERVOUS SYSTEM.

BY WILLIAM PEPPER, M.D., LL.D.,
Provost of and Professor of Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first patient presents the following history: J. A., æt. 64 years, a teamster by occupation. His general health has been good. When thirty years of age he had typhoid fever. After that he seemed as well as ever. In 1876 he had an attack of articular rheumatism, followed by a second attack one year later. His habits are good, but he drinks rather freely. In 1862 he had gonorrhœa, but apparently has had no syphilitic disease. He now complains of pains in the arms, back, and across the shoulders; the pains being worst in the left arm. For the past two years he has noted a loss of power in these limbs, which has become so marked as to necessitate his stopping work.

As he moves his arms, you notice a certain slowness and weakness in their movements, but there is no true paralysis of any muscle. There is impairment of power, but no actual palsy. The term paresis is often used to indicate impaired power; but I do not think it desirable to have such a special term, as the degree of impairment varies. I prefer to say slight, moderate, or marked impairment of power.

In order to determine whether or not this impairment is due to trouble in the shoulder joint, I grasp the arm and move it in various directions. There is some stiffness of the right arm, but no anchylosis. The left humerus has been broken and badly treated. There is here a large mass of callus, and there is more stiffness than on the opposite side. As a result of the adhesions and pressure on the brachial cords, there has been increased weakness and interference with nutrition. The deltoid muscle is distinctly wasted. There is no impairment of sensation.

There is another symptom, and that is marked tremor of the muscles. On close watching fibrillar twitchings are seen in different positions. When he attempts to move the arms, there is marked muscular tremor. This is quite distinct on both sides.

The symptom tremor is connected with a number of diseases. I have pointed out to you the muscular quivering and fibrillar twitching which come before progressive muscular atrophy. This is one of the earliest symptoms of that condition. The muscles begin to twitch, then become weak and waste. I have indicated the tremor which is seen in sclerosis. This is different from the tremor seen in progressive muscular atrophy, in the fact that in progressive muscular atrophy the tremor occurs when the limb is quiet, while in sclerosis the tremor occurs during motion.

Tremor may be the result of chronic alcoholism. It may also result from the effect of various metallic poisons, such as mercury, arsenic, or copper. Of these toxic agents, alcohol alone could be suspected of being the toxic agent in this case.

Again, there is a form of disease known as paralysis agitans, in which tremor is the

main symptom. This is a form of muscular tremor associated with the weakness of the affected muscles, which, beginning in a single group, extends until it may involve the entire half of the body, or it may affect both arms and sometimes all four members. It is very apt to begin in the hand, but I have known it to begin in the feet. It usually comes on in persons advanced in life. Mental worry, long strain, care, and overwork favor its development. Its lesions are somewhat obscure. The muscles may waste a little, or they may not diminish in bulk. The disease lasts many years; sometimes it is checked in its progress, but usually it goes on involving the muscles of the extremities, passing to the head, involving the lips, and finally affecting more vital muscles, and death results from gradual exhaustion. Paralysis agitans is a bad name, for the disease is not a true paralysis. It is a progressive muscular tremor, associated with some weakness and some wasting of the muscles.

What is the cause of the tremor in this case? Is it due to disease of the central nervous system? I feel doubtful about this. I consider that the local injury of the brachial plexus of the left side is of importance. I should not be willing to make an unfavorable prognosis until a prolonged course of manipulation and electricity has been tried. The partial anchylosis must be broken up by manipulation. There is also some stiffness of the right shoulder joint, which must be removed. The nutrition of the muscles has deteriorated. The tremor is most marked in those muscles supplied by the left brachial plexus. That may be due to neuritis or peri-neuritis of the nerve trunks. The condition of the right side is not sufficiently marked to make me express a positively unfavorable prognosis, yet the fibrillar quivering and slight wasting which has already taken place, and the growing weakness of the right arm, make me fear that the condition will eventually pass into one of progressive muscular atrophy.

The man shall be given a course of forcible manipulation to break up the adhesions. Internally, I shall prescribe a tonic course of treatment, with the syrup of the iodide of iron in from ten to thirty drop doses, three times a day in water, after meals. We shall have the man again report in one month.

Localized Meningitis, or Intra-cranial Tumor.—Our next patient, Mrs. C—, æt 50, a widow, with two children, comes to us complaining of an unusual group of symptoms, which have been developing for the past six months. She complains of dizziness, accompanied with dull headache. There has been nausea, with a bad taste in the mouth, and sometimes vomiting. The appetite has been irregular, with gastric indigestion, flatulence, and acid eructations. There has been regular action of the bowels. During the past six months the eyesight has also been failing. When the dizziness comes on she staggers, but has never fallen. There is no pain in any part of the body, with the exception of the head, but for some time there has been considerable headache. The heart is normal. There is no swelling of the face or of the ankles. She rarely has to get up at night to urinate. There has as yet not been an opportunity to examine the urine. The ophthalmoscope shows double optic neuritis.

We have, then, the following group of symptoms: long-standing headache, worse during the past six months; dizziness, almost constant, and worse on making any sudden movement, with a staggering gait, and occasionally with the sense of surrounding objects moving; failure of vision with double progressive optic neuritis; more or less dyspepsia, and when the head first began to trouble her, there was vomiting every morning of one or two mouthfuls. She now vomits not more than once a week. This was probably the result of reflex irritation, cerebral in its origin.

There are several features of marked interest in this case. The dizziness is an interesting symptom. This is often of a functional character, and connected with derangement of the digestion. In some cases, irritation of the stomach causes extreme giddiness. Then again it is often connected with the imperfect elaboration and imperfect assimilation of food, and the passage into the system of matters crude and irritating, and these, acting upon the brain, will induce troublesome giddiness. Patients with so-called lithæmia, or internal gout, often manifest this symptom. Dizziness is often the result of feeble circulation. In cases of cerebral anæmia, where the circulation of the brain is interfered with, as by thickening of the arteries supplying the brain, dizziness is a prominent symptom. Dizziness may also be connected with general anæmia.

This symptom is sometimes connected with

organic disease. A few days ago, a physician from the interior of the State called on me, complaining of sudden spells of dizziness, coming on without warning. Objects around him suddenly rose into the air, and he would grasp out for something to steady himself, frequently falling to the ground. Three times within the past four months, he had suddenly fallen to the floor while shaving, fortunately without injuring himself. On no occasion had there been loss of consciousness. The giddiness passed over in a minute, and then he would get up. These attacks had come on a number of times during the past three years. In addition, there had been less violent attacks occurring more frequently. Examining him carefully, I found that this was connected with total deafness of the left ear and constant tinnitus, but with absolutely no other evidence of derangement of the system. In this case we had an instance of aural vertigo, labyrinthian vertigo, or Meniere's disease, as it is commonly called. It is a rare affection, in which the irritation is sent to the surface of the brain from chronic affection of the filaments of the auditory nerve, and connected with serious disease of the middle and internal ear. In some cases these attacks assume almost the appearance of epileptic seizures.

Dizziness is frequently associated with brain tumor, where there is pressure on the surface of the brain due to the development of the growth. The other symptoms of cerebral tumor are pain, sometimes intense and local, sometimes more diffused; local palsy of some nerve trunk coming from the brain; optic neuritis, from extension of irritation along the sheath of the nerve, and, finally, strangulation of the nerve, causing its atrophy; of course with this there is impairment of vision, convulsions from irritation of the brain cortex, and these are often more marked on one side of the body than on the other, and sometimes there is loss of consciousness. Occasionally there is irritation of the pneumogastric nerve giving rise to hiccough and vomiting. It is unnecessary to say that a local meningitis with marked thickening of the membranes, whether syphilitic or simple, would give rise to much the same symptoms as a brain tumor.

In the present case, the symptoms point to a circumscribed meningeal thickening or to a small intra-cranial growth. There is no apparent cause for this. The pain is scarcely as severe as in tumor, and I am inclined to attribute the symptoms to meningitis. There have been no convulsions.

In the way of treatment, I shall order a diet composed largely of skim-milk and of cereals. I shall apply counter-irritation around the base of the brain. For this I should prefer repeated light applications of the actual cautery. Internally I shall order iodide of potassium, to be continued for a long time, with this I shall employ mild mercurial courses, giving the remedy for a month, discontinuing it for a month, and then resuming. This treatment will be kept up for some time.

HOPITAL FRANCAIS A LONDRES.

OBSCURE CASE OF CHRONIC RENAL DISEASE; CASE OF PYÆMIA FOLLOWING REMOVAL OF LIPOMA; CASE OF HÆMATURIA IN A MAN, FOLLOWED BY SUPPURATION.

UNDER DR. VINTRAS.

[Reported by ALFRED S. GUBB, L.R.C.P., M.R.C.S., Resident Medical Officer.]

ISAAC C—, Russian, æt. 24. Cane worker. Has been sixteen months in England. Was quite well until six or seven months ago, since when he has gradually lost his appetite, and ultimately became unable to follow his employment. He has lost flesh a good deal, and suffers from indigestion, with nausea, and frequently vomiting after food. The vomiting, however, does not relieve the nausea. Patient is much emaciated and walks with difficulty, owing to a want of power in the legs. A fortnight ago he noticed for the first time pains in his hands and feet on attempting to work; these pains are absent except on attempting movement, and are not at any time really violent. There is no redness, swelling, or tenderness of the joints complained of, and there is no pains in the shoulders or hips. Patient complains a good deal of insomnia, but says he does not dream and does not suffer from headache.

He has never been ill until now, and never had syphilis. Has always been a sober man; smokes, but not in excess. His father died of heart disease, his mother is still alive; no consumption in family. His tongue is coated with a thin layer of white fur, and is tremulous, and his skin is dry and scaly. Says he had pains in his stomach some days ago, but has none now. Bowels regular. Pulse 80; regular. Heart and lungs normal. No swell-

ing of ankles nor around the eyes. Complexion pale and sallow. There is a peculiar tremor on extending the arm or leg, increased on voluntary movement; the tremor is coarse, and is not present when in repose. The patellar reflexes are exaggerated, and there is marked ankle clonus. Sensation appears normal. Patient says that he has no visual troubles. On ophthalmoscopic examination the fundus in both eyes is seen to be normal, but patient while being examined had an attack with some loss of consciousness and slight convulsive movements. He readily came round on being shaken and spoken to. The urine is normal in quantity and is pale in color—sp. g. 1015. Soon after admission he had suppression of urine for thirty hours, followed by an abundant emission of pale, limpid urine, in which a minute trace of albumen was present. None was found either before or after this occasion in other specimens of urine. His temperature was normal or slightly sub-normal. Patient gradually became thinner and weaker until he kept altogether in bed. He generally vomited his meals, no matter what was the nature of the food, and this occurred even when the patient was put exclusively on milk. Pre-digestion of his food by means of Fairchild's pancreatic powders seemed to relieve this symptom for a day or two, but it soon returned. The feeling of nausea was so great that the patient could with difficulty be induced to take adequate nourishment, which was now given cold and in small quantities, frequently repeated.

At the end of two months in the hospital, being dissatisfied with the progress of his case, he left, but was readmitted ten days later much the worse to all appearances, and was somewhat feverish, and after lingering on for another month, getting progressively more emaciated from inability to retain any food, but preserving his intelligence unimpaired, he died from sheer exhaustion.

Autopsy.—Rigor mortis well marked. Brain weighed forty-four ounces, and its substance was firm and normal to the naked eye examination. Cord removed; substance firm. Heart eight and one-quarter ounces, normal; valves healthy. Pancreas three and three-quarter ounces, normal. Liver forty-nine and one-quarter ounces, normal appearance on section. Kidneys, *right*, three and one-quarter ounces, small, red, and granular, cortex in diminished capsule adherent; *left*, one and one-half ounce, the latter was contracted into a cyst, the only kidney substance remaining being a piece about the size of a hazel-nut at the lower end; the ureters were markedly dilated and hypertrophied. The walls of the bladder were also hypertrophied. No trace of urethral stricture could be discovered. There was no evidence of disease in the chest or abdomen.

Case of Pyæmia following Removal of Lipoma.—André S—, æt. 70, messenger, attended at the outpatient department of this hospital, with reference to a lump the size of a man's fist, situated on the outer aspect of the upper third of the left thigh, which lump, although not the seat of any pain or morbid feeling of any kind, inconvenienced him on account of the rubbing of the trousers thereon. The patient was apparently a hale and hearty old man, a Russian by birth, sparely built, but in good health. There was no history of any illness or indisposition for years past. The tumor was elastic, did not involve the skin, and was freely movable beneath it and on the subjacent structures. Patient was informed that the growth could be removed if he thought the inconvenience he experienced was such as to render its removal desirable.

Some days later he returned and requested that this should be done, and he was accordingly admitted to a surgical ward for that purpose.

The operation was commenced under antiseptic precautions (chloroform being given as an anæsthetic), and through an incision six inches long the tumor was exposed and carefully dissected away. During the proceedings a hitch occurred in the antiseptic arrangements, owing to a sudden stoppage in the spray apparatus, and some delay occurred before this was remedied. The wound was cleansed, and one or two ligatures having been applied to small vessels, the edges were brought together by means of seven sutures of carbolized catgut, and the usual antiseptic dressing applied. The tumor was an ordinary fatty growth, and was removed without difficulty. The patient was very unwell after the chloroform, and was thirsty and feverish. The next morning his temperature was over 102° Fahr., and his tongue was dry. There was a great tendency to somnolence, and when awake patient expressed great anxiety as to his condition. He was given sulphate of quinia every four hours, and was put on a nourishing, easily assimilable dietary. It became necessary to replace the

dressing on the second day after the operation, and this was carefully done under antiseptic precautions. The wound looked healthy, and seemed inclined to heal by first intention.

On the third day the patient's temperature was 103° Fahr., at 8 A.M., and his articulation was defective. The thirst and mental anxiety were both more marked, and the tongue was covered with brown fur and was tremulous; sordes on the mouth and lips. Pulse regular, full, and bounding—100. The dressing was removed, and the wound was found partly open, the ligatures having broken away towards the lower end of the wound. It was dry and the edges were everted. An angry red blush surrounded it, and this extended several inches inwards and upwards over the abdomen.

The antiseptic dressing was abandoned, and the wound was powdered freely with oxide of bismuth, and a simple compress and bandage applied. Nothing abnornal could be detected in the heart or lungs, and the patient complained of nothing more than a general feeling of *malaise*. The quinia was increased to five grains every four hours, and the patient was ordered half an ounce of brandy every two hours. A distinct trace of albumen was present in his urine, which was scanty and high-colored. There were profuse sweats at irregular intervals, with slight incoherence in speech, scarcely, however, amounting to delirium. A very nauseous odor emanated from the patient and polluted the ward, which was promptly cleared of all the other patients.

On the fifth day the patient had a severe and prolonged rigor, and his temperature rose to 104° Fahr., and this was followed by a profuse sweat. The wound was now seen to be widely gaping, dry, and with a more marked eversion of the edges. The zone of redness had increased in extent, and patient complained of tenderness and pain over the left iliac fossa, where the skin was reddened and œdematous. The same dressing was applied; slight congestion at the bases of both lungs.

On the seventh day the same state of things existed, the patient's temperature oscillating between 100° and 103° Fahr. The skin over the left iliac fossa had sloughed and left a wound as large as the palm of the hand, scantily moistened by a small quantity of putrid odorous pus. Patient's condition is very low, and it is only with difficulty that he can be induced to reply to questions. He complained, however, of the calf of the right leg, which was red and brawny.

Patient lingered on for three days, and then became quite comatose. He died on the tenth day after the operation.

At the autopsy the right calf and left thigh were found infiltrated with pus on deep incision, as also in the right wrist. The lungs were heavy, and exuded a reddish fluid on being squeezed. The kidneys were found to be extensively degenerated and atrophied, scarcely any cortex remaining, while the capsule was strongly adherent. Numerous small cysts studded the organ.

Case of Hæmaturia in a Man, followed by Suppuration.—Alfred B—, æt. 24, laborer, a thin, but hitherto healthy man, attended a neighboring fair on the 20th of September, and, contrary to his custom, indulged in several glasses of gin and water. He was subsequently carried home by his companions in a state of alcoholic insensibility and put to bed. Early next morning he awoke with an urgent desire to make water, which he found himself quite unable to do. His suffering, however, was such that he sent for me, and I immediately passed a gum elastic catheter, a No. 7, when about a pint of bright-red liquid was evacuated. He was much relieved, but complained of a lancinating pain in the hypogastrium, which was tender on pressure. He had no pain in the back, but was feverish and thirsty. His abdominal muscles were contracted, and his tongue was furred and somewhat dry. I was urgently summoned a few hours later to relieve the same train of symptoms, and drew off about half a pint of the same red liquid. His temperature was now 103.5° Fahr., and his tongue was dry and covered with brown fur; sordes had formed, too, on his teeth. He was ordered turpentine stupes to hypogastrium, demulcent drinks, and a mixture of nitrate of potash and ergot. On drawing off the urine the next morning, the urine was of a natural color, but contained an appreciable quantity of albumen. Later in the day the red color had returned, and, examined microscopically, numerous blood-corpuscles were visible. Its smell was most offensive. His general condition was now very grave, the fever persisted, and he complained of great abdominal tenderness and thirst. Pulse rapid and wiry. Profuse sweating towards evening. No delirium. Pupils dilated and responded to light as usual. This condition improved about

the fourth day; the fever dropped, and he was able to pass part of his urine unaided, but it was still very dark in color, and, when allowed to stand, formed an abundant red sediment and had an exceedingly offensive odor. The abdominal tenderness, too, diminished, and the appetite returned.

He stated that he had never suffered before from anything of a similar nature, and had always been healthy, but said his father had died a few months since from "inflammation of the kidneys" of short duration, and his brother also suffered "in his water." No history of stricture.

Patient recovered in the course of a few days sufficiently to come down stairs, but his urine always contained a large quantity of greenish-yellow pus, but was not ammoniacal, though very offensive. The red color returned for a couple of days after a single glass of Port wine. His appetite was good, and he had no pain except a slight scalding on and after micturition.

HYSTERO-MANIA; LACERATION OF THE CERVIX.

BY E. P. MURDOCK, A.M., M.D.
Lecturer on Gynæcology.

DELIVERED AT THE HOSPITAL OF THE CHICAGO COLLEGE OF PHYSICIANS AND SURGEONS.

[Reported by W. W.]

GENTLEMEN: Our first patient this afternoon is thirty years old; married; has had one child, or rather a premature labor at about the seventh month; menstruated first at fourteen years, and was in fair health, except that the menstrual flow was scanty and irregular. After marriage the nervous symptoms grew more and more aggravated at each epoch until pregnancy, after which her health became better and remained so until the accident which resulted in the miscarriage. Succeeding her confinement she got up slowly, and seemingly felt quite well for a while, but at the return of menstruation the old symptoms recurred, and have been growing more and more aggravated ever since. As the time approaches for the menstrual flow she becomes irritable, dazed, and absent-minded, and at times consciousness is entirely lost, and she is unable to give any account of herself; the severity of the symptoms being inversely in proportion to the amount of the flow.

Some of the class will remember a patient who was in the clinic last spring with a similar class of symptoms, save that she had never been pregnant. In that case the patient was picked up during one of her paroxysms and convicted of insanity, and actually placed in the asylum, where the nature of the case was recognized, and she was immediately released and sent here. I found a uterus undeveloped, almost infantile, stenosis of the internal os, and general congestion of the pelvic tissues. The cervix was dilated with a tupelo tent, and the insanity disappeared as if by magic. Now, that is just what we propose to do in this case. This patient, however, has been pregnant; still I find a severe stenosis, which, unquestionably, is cicatricial in its nature. In addition, I find an anteflexion due to incomplete involution after confinement. This partial subinvolution is due, in this case, to the injury to the cervix at the time of parturition, and the cicatricial stenosis is due to the same cause. This woman has been living in wedlock eight years since the confinement referred to, and has been barren. Now, if we can stimulate a healthy action in these pelvic organs, relieve the stenosis by proper dilatation, we may increase the menstrual discharge, relieve her sterility, and cure her insanity.

She came into the hospital this morning, and I introduced a tent, after making an incision, to partially enlarge the canal of the cervix, and now I will remove that tent before the class; the patient will be kept in bed a few days, and we will report the progress of the case to you at some clinic in the near future.

Laceration of the Cervix.—This patient is being etherized for the purpose of an operation. She is twenty-six years of age; married; has had three children; the second was a forceps delivery. After that confinement her recovery was very slow, and from that time she dates her ill health. Her appetite is poor, and her bowels constipated; she suffers from vertigo, palpitation of the heart, severe headaches, pain in the back, and extreme languor. Menstruation regular every four weeks, profuse in amount, lasting from seven to thirteen days, with an occasional inter-menstrual hemorrhage. The cervix is deeply lacerated, bilaterally; the surface excoriated, bleeding on touch, and covered with a thick, tenacious muco-purulent discharge. The uterus is large, heavy, and lies low in the pelvis, and a free hemorrhage follows the introduction of the sound.

The patient being placed in the exaggerated lithotomy position, and the perineum depressed by a Sims speculum, we seize the cervix with vulsellum forceps, and bring it down to the vulva, and now you can easily see the nature and extent of the laceration. I first deepen the laceration by removing the cicatricial tissue in each angle, then pare the surfaces thus, and the two lips fit perfectly together, by means of this rectangular needle, which is threaded after the point has passed through both lips; the needle being quickly withdrawn, and the stitch is planted in this way. I introduce three on each side. I use in this case the No. 3 catgut.

Before tying the sutures I will use a curette on the endometrium, and remove a mass of polypoid excrescences, which have the appearance of profuse watery granulations seen upon the surface of an irritable ulcer. These, no doubt, furnish the cause for the menorrhagia.

The stitches are now securely tied, and the operation is completed. The patient will be kept in bed about seven or eight days, and usually needs but very little attention. The stitches being catgut need cause no anxiety, as they will either be absorbed or come away in the course of one or two weeks.

SURGICAL CLINIC AT JEFFERSON MEDICAL COLLEGE HOSPITAL OF PROFESSOR PANCOAST.

(Report No. 1.)

BY L. HARRISON METTLER, STUDENT.

AT the usual hour to-day for the surgical clinic, Professor William H. Pancoast appeared in the amphitheatre of the hospital to give the first of the lectures of his clinical course, in connection with his Chair as Professor of General, Descriptive, and Surgical Anatomy in the college. He stated that he would give the history of each case, the scientific description, and microscopical examination necessary, the diagnosis, prognosis, and treatment of the same; that he would pay especial attention to the surgical anatomy in every operation, so as to illustrate his didactic lectures upon that subject, and bring before the class the points of anatomy that they were studying, thus proving to them the essential and immediate necessity of a practical knowledge of that branch of the science of medicine; that human anatomy was not a dead science—a mere closet study—but one full of practical and live interest, of everyday application in the practice of the surgeon and the physician; in fine, that the physician or surgeon who was ignorant of human anatomy was not competent to meet the emergencies of his daily professional life. To emphasize this he would, in every proper case, not only call the attention of the class to the anatomical structure operated upon and the relations they bore to other important structures, but would also call upon the members of the class to describe the anatomy of the parts involved in the operation, as well as the relations of the neighboring viscera, arteries, veins, etc.

It must certainly be of great advantage to the students of Jefferson Medical College to have the professors in their surgical clinics illustrate their teachings in this plain and practical manner. His colleagues and himself have thus the opportunity, from the standpoint of their different Chairs, of impressing upon their minds facts of importance in connection with their teachings, and those that they know to be of special practical value in their private practice.

After a few more pleasent words from the Professor by way of introduction, and a respectful and cordial greeting from the class, without loss of time, the first case was introduced.

CASE I.—A child not one year old, yet with a soft fluctuating tumor, about the size of a walnut, over and extending somewhat below the posterior fontanelle. There was no history of a fall upon the back part of the head, or of any other injury thereabouts. The tumor, to the touch, seemed fluctuating, as if there were fluid in it, but its integumentary covering felt somewhat thickened. There was no inflammation of the scalp over the tumor or in the surrounding tissue. The lecturer said that he thought the swelling contained either watery or bloody fluid. Its position so near the posterior fontanelle, might lead one to suspect that it communicated with the cavity of the skull, and that it might be a case of an open posterior fontanelle, with the coverings of the brain protruding to make the wall of the tumor as in a spina bifida.

Attention was called to cases of hydrocephalus, and the lecturer referred to a specimen of hydrocephalic skull that he had shown the

class in his anatomical lectures, where the watery effusion had pushed out the bones of the skull, making them thin from the pressure, enlarging the fontanelles, and making the cranium appear enormously large in contrast to the face. He pointed out the position of the occipital bone and its method of articulation with the two parietals posteriorly to make the posterior fontanelle, and asked some questions as to its position, impressing upon his hearers what he had previously taught,—that the largest part of the occipital bone was on the inferior surface of the skull, and that it reached forward by its basilar process to articulate with the body of the sphenoid; that in this inferior part was the foramen magnum, through which passed the spinal cord.

To establish the diagnosis, whether the tumor communicated through the posterior fontanelle with the cranial cavity, the Professor took a delicate steel toilet-pin and passed it through the wall of the enlargement; with its point he carefully felt the bone beneath, and demonstrated that there was a bony floor to the tumor in every direction, and that it reached up and overlapped the posterior fontanelle. As the pin was withdrawn a drop of blood followed. The diagnosis was made of a vascular cyst or hæmatoma, probably present at the birth of the child.

With a curved bistoury, the Professor laid open the sac, from which some thick, seemingly clotted blood poured out. He then with forceps and finger pulled out the sac, with its vascular lining, and the blood ceased flowing almost immediately. The child, having been sufficiently etherized, felt no pain. The cavity was then carefully syringed out with the Professor's favorite antiseptic solution of the chloride of zinc, made by dropping some crystals of it into a basin of water until the latter was sufficiently saturated with it to turn blue litmus paper to a slightly red tint. The cavity of the wound was lightly packed with a piece of clean patent lint saturated in the solution, to prevent any oozing of blood. The edges were brought neatly together with some fine black silk sutures, leaving the lower end of it open, through which the end of the lint was seen, for the purpose of drainage and easy removal of the lint afterwards. The Professor spoke of the importance of draining deep wounds properly, and of the value of the black silk sutures that he had introduced into surgery, and which had been quite widely adopted. Pure silk, dyed with iron, which is fixed in the silk, and the silk finished with acetic acid, is much less irritating than the ordinary white silk. A compress soaked in a 1 to 1000 solution of the bichloride of mercury was then bound neatly over the external wound. The lecturer said that he liked the bichloride of mercury antiseptic lotion very much for external dressings, but not so well for the frequent washing out of cavities; for, unless it was exceedingly weak, it was not judicious to wash out cavities freely and often with it. The patient was given the following prescription to quiet irritation and produce sleep:—

℞. Chloral hydrat. . . gr. x.
Potass. brom. . . . gr. xxiv.
Syr. zinziberi . . . ʒj.

M. Sig.—Half to one teaspoonful every hour for three doses, or until sleeping.

Case II.—Boy about sixteen years of age, with a permanent contraction of the muscles of the right forearm, and forced flexion of all the fingers and thumb of the corresponding hand. Upon examining the arm there was found quite a large patch of cicatricial tissue, with the usual puckering, and appearance of such lesions. The history stated that this was the result of a gunshot wound received about two years ago, just above the inner condyle of the right arm, where the cicatrix was now located. Part of the biceps and brachialis anticus muscles had been shot away, and the consequent cicatrix had contracted down and compressed the nerves of the arm. There was great tenderness in the part upon pressure. The Professor diagnosed here implication of the median and ulnar nerves in the cicatrical mass, which was proven by the fact that the fingers could all be gently extended by force, but quickly assumed the flexed position upon letting them go.

At present nothing will be done except rubbing the cicatrix with—

℞. Ung. zinci oxidi,
Ung. aq. rosæ . . . āā ʒss.

Apply over the cicatrix the usual leadwater and laudanum lotion, and placing the forearm on a straight splint, flex it upon the arm with the fingers spread out upon a soft pad. The reason for flexing the forearm in the dressing is, that the more it is extended the tighter will be the flexion of the fingers. The Professor calls attention to the great care that must be taken not

to injure the nerves in cutting down upon this tissue to set them free. Whether a neuroma has been formed here is questionable, but under all circumstances an operation is necessary, and the nerves must be set free, if possible.

CASE III.—Man; age about 40; complains of constant headache, increased upon any violent motion or jarring. The history stated that, being a bricklayer and climbing a ladder that extended to the second story of a house, he fell and struck the back of his head on the pavement. This happened about seven weeks ago. He was taken insensible to the Pennsylvania Hospital, where he remained five days, after which he got up and at once began going about. The Professor explained that in an injury of this sort there was a disturbance in the relation of the brain fibres produced by the severe concussion, and that rest, prolonged rest, was the first requisite in the immediate treatment of an injury of this kind. There was no internal strabismus or external symptoms of depressed bone, fracture of the skull, or evidence of compression of the brain, but, according to Dr. Tax's examination, there was a change in the optic disc, with marked retinal congestion; vision good, but not so sharp as formerly. The patient was told to stand upon his toes, and then to come down sharply upon the floor with his heels. This sudden jarring caused quick, shooting pains through the head, as well as pain down the back and sides, thus showing that most probably the spinal cord was also involved.

The treatment will consist of rest, with dry cupping up and down the sides of the spine, and after shaving off the hair the application of two wet cups to the head on each side of the middle of the sagittal suture, sufficient to draw two ounces of blood. This will abstract some of the blood from the cerebral membranes, through the parietal foramina. In *post-mortem* examinations, the Professor stated that he had seen the bone filled with blood from the action of cups, thus making it distinctly red in color. In a day or two, if necessary, the patient will again be cupped over each mastoid process, to draw about an ounce of blood from each side, and blisters will be applied to the top of the head and nape of the neck. But rest is the "sheet anchor" of our treatment here, and to assist in obtaining this the patient is to take internally twenty grains of potas. bromide every hour until asleep. The following mild cathartic pill, to regulate the bowels and act derivatively upon the brain, was ordered—

℞. Mass hydrarg. . . . . gr. ij.
Ext. colcynth comp. . . . gr. iv.
Ext. jalap . . . . . gr. ij.
Ol. menth. pip. . . . . gtt. ij.

M.—Ft. mas. in pil. divid. No. iv.

Sig.—One aperient pill at bedtime, followed by a saline, if necessary.

CASE IV.—Woman about 45 years of age, a widow with seven children, all healthy, came seeking treatment for a large, mobile swelling just at the umbilicus. She said that it began six years ago, after childbirth, and that she had suffered with more or less general pain all of that time.

Upon palpation the tumor seemed readily to sink back; there was marked crepitation, and the umbilical ring was distinctly felt by the Professor.

Diagnosis was umbilical hernia. Under the Professor's delicate manipulation the hernia was quickly reduced.

The scientific and descriptive name of this form of tumor is an entero-epiplocele, the hernia consisting of intestine and omentum.

After the reduction some oxide of zinc ointment was applied to the surface, and a neat, strong *impromptu* compress was made out of a piece of cork, covered with patent lint, and held in position directly over the umbilicus by adhesive strips. The patient was advised to get a truss, and to wear a broad flannel abdominal bandage, supported by suspenders from the shoulders.

Had the hernia been irreducible or strangulated, the operation would have been performed of cutting directly down upon the mass, incising the umbilical ring, and with strong black silk sutures drawing the ring together again after replacement of the bowel. The sutures would be cut short and left undisturbed, to become encysted or to come away. The external wound would be united by separate interrupted sutures.

The truss and bandage that was proposed, Mr. Snowden, the surgical instrument maker, who was present, very kindly and generously offered to make for the patient. She will be shown at the next clinic with the truss and bandage applied.

CASE V.—Boy about 8 years old, attended by his mother, who is healthy, and with several children all equally hearty except this one.

In the hypogastric region of the abdomen, at the base of the penis, a red-looking opening existed, through which a catheter could be passed into the bladder. The glans penis and corpus spongiosum were all intact, and the scrotum and testicles normal, but the corpora cavernosa were absent, and the urethra was only indicated by a groove upon the corpus spongiosum leading into the bladder. The prepuce was well marked.

The Professor called the attention of the class to the fact that in a case of true exstrophy of the bladder, the anterior wall of that viscus was entirely wanting, while the posterior wall projected through the opening in the wall of the abdomen; but here, he continued, we have a case of epispadias, with absence of the urethral wall along its upper surface, and the remains of the urethra clearly traceable along the superior border of the undeveloped penis. Dr. Levis, upon examination, remarked, that practically for operation this was a typical case of exstrophy, though the integument over the bladder was perfectly whole. Professor Pancoast demonstrated that the epispadias was here the affection in reality, with a lack of complete development of the penis, but the operation would be similar to one for exstrophy of the bladder.

To alleviate this little patient's condition an operation will be necessary. The main purpose of this will be to cover in the exposed surface by means of flaps of integument dissected from the neighboring abdominal wall and then turned over and united so as to close the opening, in the hope that this integument will take on the character of mucous membrane and protect the anterior wall of the bladder and close the abdominal opening. This operation, together with the Professor's own modification of bringing down and exposing the diminutive penis for the sake of the moral effect upon the patient in after-life, will be performed at some future date.

To day, the preliminary operation, formerly introduced by Dr. Levis, was performed, of making a permanent opening through the base of the bladder into the rectum, through which the urine may flow and be retained by the sphincter ani muscles, though the lecturer said he had in previous operations found it difficult to keep the opening patulous, and to make perfect drainage through it, even with a large hollow tube through it.

The patient being well etherized, a long curved trocar, with the point covered by the end of the canula, was gently introduced into the opening along the false urethra, the point suddenly exposed and the instrument plunged through the anterior wall of the rectum, so that the end of the tube after withdrawal of the point could readily be pushed through the anus. Through this a number of rubber strings were passed, to be tied and left in the canal after the removal of the canula. The parts were dressed in chloride of zinc, to guard against all septic infection. Thus ended the first part of the operation, and the patient was withdrawn.

CASE VI.—Man, about 25, with an old sebaceous tumor on the left cheek, just above lip; he had been operated upon before, but as the entire sac was probably not removed at the time, the tumor still remained red and inflamed. The lecturer said that this case proved the importance of removing the entire sac at an operation.

In lieu of ether, which the man refused to take, three hypodermatic injections of a two per cent. solution of cocaine were made in the neighborhood of the tumor.

Transfixing its base with a large-sized toilet-pin, around which was tied a strong black silk ligature to prevent hemorrhage, the Professor quickly cut it out, removing the entire sac and a portion of the skin, making a clean incision in the line of the wrinkles of the face, and united the lips of the wound with fine black silk sutures, in a manner to prevent drawing the corner of the mouth upwards. Oxide of zinc ointment and chloride of zinc dressings, held in place by adhesive strips, were applied, and the patient dismissed.

CASE VII.—William C—, age 37; married two years; one child, apparently healthy; suffering from an ulcer of five months' duration on the outer side of the left ankle, measuring from two to three inches in diameter. The patient stated that he had had gonorrhœa several times, for which he had been treated. About three years ago he had a hard chancre, with the secondary eruption of syphilis appearing about six months after.

The Professor made the diagnosis of ulcer of syphilitic origin, with syphilitic periostitis.

Under ether the ulcer and surrounding tissues were well tapped with the sharp point of a curved bistoury with the antiphlogistic touch, and the part dressed with carbolized oxide of

zinc ointment, and kept well moistened with a lotion of leadwater and laudanum. The patient remained in the house, and was placed in bed with the leg elevated. The bowels were regulated, and a specific treatment, with the antiphlogistic tapping when needed, was ordered.

A gumma over the right knee was also tapped subcutaneously with the therapeutic knife.

CASES VIII. and IX.—Two men, one with gonorrhœa, and the other with supposed stricture, but in the latter case the diagnosis was uncertain, on account of the patient refusing to be examined. In the treatment of gonorrhœa, the Professor noted that while strong and irritating injections were very apt to produce stricture, we need anticipate no such result from the use of mild, slightly astringent applications; furthermore, by this means pain upon urination would be greatly alleviated. For this patient the following injection was recommended:—

℞. Zinci sulphatis,
Plumbi acetat. . . āā gr. viij.
Morphinæ sulphatis . . gr. j.
Aq. rosæ . . . . ℥ij.

M. Sig.—Commence with one teaspoonful to seven of water, as injection, three times a day.

A small syringe holding about an ounce, is the proper thing to inject the urethra with. If there is much pain, suppositories containing each about a half a grain of opium might be employed. In this affection the Professor likes and often uses the ready prepared capsules of copaiba, keeping the patient quiet, if possible, using hot baths and water applications around penis, scrotum, and perineum.

CASE X.—German girl, of age about seven. Here we had a case of periostitis of the middle of the right leg, involving all the neighboring soft parts, due probably to a specific cachexia. The history from the father was very obscure.

Upon examination with a probe the bone was found bare, with the periosteum entirely gone.

Under ether the part was thoroughly tapped with the Professor's favorite therapeutic knife and antiphlogistic method, making upwards of seventy-five or one hundred punctures, and letting out freely the dense, black blood.

Oxide of zinc ointment was then applied gently over the surface, and the leg dressed and kept moist under an evaporating lotion of leadwater and laudanum. The child was placed upon a tonic course of treatment and then dismissed.

ORIGINAL COMMUNICATIONS.

ON THE NERVOUS AND MENTAL DETERIORATION PRODUCED BY THE OPIUM HABIT IN THE HIGHER CLASSES.

BY EDWARD C. MANN, M.D., NEW YORK.
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IN the neurotic circle of society there is a greatly augmented susceptibility to the action of stimulants and narcotics, and a greatly increased consumption of morphine, and of the great nerve sedative, tobacco. The circle of males and females who exhibit the disease of alcohol and opium inebriety is almost entirely confined to the neurotic circle, and this latter circle is increasing, we think, out of proportion to the increase of population. This is due to the influence of the conditions of modern life upon the nervous system, and through the nervous system upon the nutrition of the tissues. The outer relations of the modern American have become more numerous, complex, and heterogeneous than formerly, and his environments more varied and intricate. We therefore find the greatest amount of opium, chloral, and alcohol inebriety in towns and cities, where nervous diseases most abound, and not in the rural districts. Its growth is encouraged by the excitement of city life, and by the absence of the tranquilizing influences of nature met with in the country. The remote cause is not unfrequently educational pressure, unwisely applied to weakly children, which induces brain fatigue. A proof of this is found in the fact that the preponderance of opium, chloral, and alcohol inebriety is to be found in the refined and cultivated classes. There are vast reserves of hidden and unauthenticated cases of this kind, which reveal great unfathomed depths of nervous and mental unhealthiness in our metropolitan communities. The increase of suicides also points strongly in this direction. The whole order of nervous diseases, not necessarily accompanied by mental disorder, but in many instances tending towards it, are widely prevalent amongst our population. Such diseases are epilepsy, paralysis, locomotor-ataxia, spinal irritation, neuralgia, hysteria, chorea, etc., and of all these diseases I have treated at length in my work on "Mental and Nervous Diseases." A bodily derangement is responsible for every

mental disorder, and a mental element enters into every bodily disease, and the increase of nervous disorders in this country is most clearly evinced to observant physicians. Mental anxiety and distress, and sudden fear and shock are important exciting causes of many of the modern neuroses. Also the pressure of modern life, keen competition, and the struggle for existence. In place of a well-balanced growth of body and mind we too often meet with headaches, imbecilities, nervousness, or insanity, some of which dates back to the nursery. It is wise for parents to bear in mind that a moral and religious training of their children protects them in great measure against these moral contagia which float about in such varied abundance in the social atmosphere of cities and towns, and which are so inimical to mental health.

The subjective properties of an individual's mind depend upon the objective properties of the matter constituting the mind's food. As there is even in the simplest protoplasmic cell the action of individual parts for the benefit of the whole, so in society there is the action of individuals which is either beneficent or the reverse to the whole corporate body of society. Pure and lofty ideals, vanity and goodness, by use are elaborated and by heritage are perpetuated. Likewise, inharmonious development of brain and mind. As the food of the animal is derived from the medium in which it is living, and as the protoplasmic cell maintains its existence by the passage of material in a state of fluidity through infinitesimal pores or spaces into the cell substance, so in the earliest periods of infancy and childhood is the mind prepared either for strength or weakness in the future.

The nervous and mental deterioration, the result of the opium habit, is on the increase, and is most painful to witness. We often see brilliant men and women undergoing a series of painful mental changes directly due to excessive indulgence in opium or morphia. The ready writer, the bright and witty talker, the man of natural ability, with a powerful memory and a gift of ready application has the higher mental faculties in constant operation. He is swayed by changing emotions, and the influence of opium is to intensify, for the time being, the activity of his naturally unstable intellect. When brought into contact with others who manifest the same intellectual tendencies, he has a natural pride in the superiority which secures for him the admiration of persons whose judgment he values. When exhaustion follows effort, he succeeds in stimulating his weakened powers by the use of opium or morphia. For a considerable time, perhaps, while the digestive system remains in such a healthy state as to insure the supply of proper solid nutriment, this course is pursued with an appearance of success. Soon, however, the urgent symptoms of indulgence in opium begin to manifest themselves. The mind, when unaided by the stimulus of opium, becomes barren and unproductive. The physician cannot make his diagnosis, the lawyer cannot carry on his case, the clergyman cannot write his sermon, and the lady of society cannot entertain until each and every one has had his or her usual allowance of opium, or hypodermic of morphia. The society woman looks haggard, pale, and wan, ceases to converse, seems in distress, and finally slips away just long enough to go to her room and take a hypodermic of morphia, which completely rejuvenates her. Her eyes brighten, her checks regain a beautiful flush, she sparkles with wit, and is the gayest of the gay. In a short time, however, this deceptive health is replaced by pallor, pain, and distress, and a generally miserable condition, which can be relieved only by morphia again. The man who was accustomed to write with speed, telling criticism, and pointed epigrammatic sentences, has a consciousness that his mind has become incapable of sustained effort, and that his writing is dull and insipid—a feeling which contrasts strongly and painfully with his previous cheering sense of power and fitness. Under the influence of his accustomed dose of opium, he finds that for a time, at least, he can command his intellect. But the control is only a temporary one, and is followed by a greater sense of exhaustion than would otherwise have been experienced. Memory—not so much for passing events as for facts, passages, and references which had been readily acquired—begins to become weakened, and the misery resulting from the loss of a reputation for, and consciousness of, intellectual power, supplies a new incentive to excess. *Petit mal*, and attacks of simple vertigo come on, showing that the most highly specialized regions are as yet alone affected. At this stage, no one could be regarded as insane, though as great a change of function has relatively taken place as leads in the minds of the lower classes to the display of delusions, of suspicion, and hallucination of the senses. After this, how-

ever, if opium indulgence is continued, the ordinary symptoms manifest themselves. Irritability passes into suspicion, voices are heard, illusions experienced, and the mind becoming prone to reverie, finds for itself a new and insane sphere of existence. Intellectual helplessness and physical changes advance: one limb may become weak, one pupil may dilate, and if an excessive or even moderate use of opium is still indulged in, the victim has no other prospect than to end his days in a state of degraded intellectuality and muscular paralysis.

In the opium habit there exists a departure from a healthy structure of the nervous apparatus, and it is this abnormal condition of the centric nervous system set up by the use of opium, demanding the stimulus of opium, that is essentially the disease. The opium habitué is in a state of unrest and pain, and the urgency for relief is so great that the will has not the power to resist.

Opium deranges the action of the heart and capillaries, confuses the brain, and impairs the vital force. In the treatment of the opium habit my plan is as follows: The patient must consent to put himself unreservedly under my control until cured. As he has no will power, he is not allowed to go out for two or three weeks unattended. As I find that most cases are taking daily much more than they really need, I commence treatment by cutting off as much as I think in each individual case the patient will bear, and then reduce from this point a fraction of a grain a day. The nurse is instructed to give one drachm of Warburg's tincture before breakfast each morning. I then administer the combination of bromides mentioned in my paper on "The Therapeutic Use of the Bromides," on page 269 of THE MEDICAL BULLETIN, for November, 1884, commencing with forty grains twice daily, and increasing to one hundred grains twice daily, at 10 A.M. and 4 P.M., freely diluted with water. By this combination of the bromides, as will be seen by a reference to my paper, we do not depress vitality, or produce the injurious results of the bromides as they are commonly administered. When the patients are taking the maximum of the sedative, they are also getting the minimum of morphia. They are then put in hot baths and given sweet spirits of nitre to rapidly eliminate the bromides, and put on a mixture containing tinct. ferri, strychnia, etc., to build up the system, and electricity is also administered. Cocaine, five to ten minims of a four per cent. solution, I use hypodermically to relieve any nervous restlessness a patient now complains of, and also during the reductionary period, and it works like magic, but I would advise physicians never to let patients know what they are giving, as there is, it seems to me, a liability that the patient may conclude to obtain it and use it himself whenever he feels restless and uneasy, and great harm might thus result. It depends entirely upon the individual idiosyncrasies of any patient how rapidly or how slowly we can cure him. The assertions of some men that they can cure a well developed case of opium addiction in two weeks is simply absurd. A somewhat long experience in the treatment of opium addiction enables me to say positively, that unless we keep a patient long enough to perfectly build up his physical, moral, and intellectual health, there will be an inevitable relapse into the old habit the first time that he suffers from physical or mental pain or prostration. It is also useless to try to cure a patient while he is pursuing his accustomed avocations of life. He or she must give themselves up to treatment to the exclusion of all else, or the treatment will result in failure. Even the medical profession do not thoroughly understand this, for it is but a short time since I received a letter from an eminent gentleman, who unfortunately had, as the result of sickness, become addicted to the use of opium, asking me to receive him as a patient, and saying that he wished to devote *a few days* to his cure. I know of no disease more requiring careful and methodical treatment for a sufficient length of time than the opium habit, and there is a certainty of cure if this is done, and not otherwise.

HEALTH RESORTS IN NEW JERSEY.

BY WILLIAM R. D. BLACKWOOD, M.D.,
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[Continued from December number.]

ONE of the most troublesome diseases of our time is remittent fever. As a rule, I believe it is always connected with impaired liver action, and the old-fashioned term of bilious remittent is, to my mind, an appropriate name for the disorder. In many cases some indiscretion in diet is a prime cause for an attack of this fever, and some persons go along year after year without finding out what special mistake they make in eating, or, if they do

know, they do not appear to care enough for their comfort or health to discontinue that which, though pleasing to the appetite, is injurious to their digestion. The treatment of such cases produces no inconsiderable revenue to the family physician in large districts in the South and West.

The dietetic treatment of remittent fever is important. The food must be nutritious, yet digestible, and here the Tartarian Koumiss made by Mr. McKelway, of this city, fills admirably the indication, it being at once easily digested, gently stimulating from its carbonated character, and owning all the food value of good milk. Singularly those who dislike pure milk can take and relish the koumiss. It is invaluable in gastritis and wasting diseases.

In phthisis, we need something more concentrated in character so far as animal food is concerned, than that usually given, and in my cases I rely upon the Beef Peptonoids of Reed & Carnrick, of New York. The preparation with gluten and digested milk is not only very palatable and invigorating, but it will agree with a stomach which will not tolerate the meat in any other form. I rely now upon this, or their similar peptonoid, with iron and wine in combination, preferably to cod-liver oil. The solid beef peptonoid of these gentlemen's preparation is an admirable addition to beef-tea, rendering it not merely a stimulant, but a true food. It is a waste of time to pour in ordinary beef-tea in such cases. As a breakfast drink, for a long time past, I have directed the chocolate preparation known as "Cocatina," made by Messrs. H. O. Wilbur & Sons, of Philadelphia. Free from all extraneous matter, exquisite in flavor, and acceptable to weak stomachs, this article fills a real want, for neither tea nor coffee are essentially *nourishing*, although gratefully stimulant. If the patient after a while wants a change, then I recommend the "Breakfast Cocoa" made by these gentlemen, which is somewhat stronger, but very readily digested. The great point is to secure *nutrition* with little stomach labor. Medicine is next to useless, in truth it is worse than none at all, if the nutrition is endangered, hence we need less routine dosing with cod-liver oil in its varied forms, and more tact in coaxing the appetite and accelerating the absorption of good blood-making foods. I prefer to rub in cocoa butter (oleum theobroma) over the abdomen, than to risk strong fish oils internally in this climate. You can drive in half or an ounce of Wilbur's cocoa butter by rubbing it well into the skin and applying from five to twenty milliamperes of galvanism (anode over abdomen, cathode on lumbar region, or thigh) for ten minutes thereafter. So much for diet.

Error in diet is not always the main cause of these fevers, and, although it is difficult to define precisely when or how excessive heat, moisture, impure air, or defective drainage are the responsible causative agents, it is certain that climate has an important bearing on the matter, not only in producing remittent, but in modifying that type of fever when acquired. The great defect in the climate of Philadelphia, for instance, and its immediate vicinity, is the abrupt and extreme variations of temperature and barometric pressure, hence, any place in which the weather is not extremely cold nor unduly hot, and in which a gradual difference in these respects obtains, is desirable as a residence for those liable to paludal fevers, and such is the territory under discussion. The table appended is official, and certainly shows a favorable condition of affairs.

Months.	Barometer.	Temperature.			Relative Humidity.	Rain-Inches, etc.	Rainy Days.
	Mean.	Max.	Min.	Mean.			
July.....	29.801	95	66	78.82	82	7.12	12
August....	29.832	92	63	75.26	80	2.05	5
September.	29.968	82	42	66.25	77	5.99	6
October...	29.909	72	39	56.34	84	5.83	11
November.	29.933	68	20	45.58	83	5.12	11
December.	30.058	61	19	39.10	85	1.88	4
January...	29.918	53	7	32.79	86	4.50	13
February..	29.810	67	12	36.53	85	1.73	6
March.....	29.831	68	19	45.80	87	3.89	9
April.....	29.638	85	33	56.12	87	2.36	9
May.....	29.731	86	43	62.09	84	4.15	8
June.....	29.742	92½	48	68.77	85	5.36	8
Sums....	.....	.....	.....	.....	.....	49.98	102
Means...	29.847	76.79	34.25	55.28	83	4.16	8.5

In a few hours after a rainstorm, no matter how heavy, the soil, from its porosity, is dry, and this is important. The rainfall is also less in the belt named than farther south.

Hammonton has been built by people who came there originally in search of a health resort. Asthma, and diseases of the kidneys and bladder are of rare occurrence, unless in persons seeking relief through climatic advantages. In fact, asthenic diseases generally do well here.

The climatic condition is concisely summed up by the annexed remarks of Professor John

C. Smock, who says, "The annual mean temperature of the southern end of the State is between fifty-three and fifty-four degrees.

"The isothermal lines include the northern parts of Virginia, Kentucky, Missouri, and the southern portions of Pennsylvania, Ohio, Indiana, and Illinois, showing that the average temperature of the year is higher in South Jersey than in the corresponding latitude of the Middle and Western States.

"For the summer months the mean temperature of that part of the State south of Philadelphia is seventy-three to seventy-four degrees, and is isothermal in the Western States with Cincinnati, Springfield, and Rock Island.

"For the winter months the mean temperature of South Jersey is between thirty-two and thirty-four degrees, the isothermal line of which degrees tends slightly south of west in crossing Maryland, Virginia, and so on near the line of the Ohio River to St. Louis.

"The modifying influence of the ocean raises the mean temperature of the winter and lowers that of the summer, so that while the isothermal lines for the year run westward from New Jersey nearly parallel to the corresponding lines of latitude, those of the warm months curve northward after crossing the Appalachian ridges, and those of the winter are slightly deflected toward the south."

In confirmation of these remarks upon temperature, the flora of South Jersey is found to be essentially different from that of adjacent States, and is similar to that of Virginia and the Carolinas.

Space will not admit extended consideration of other advantages of a trip to the "pines" of New Jersey, but we trust that in calling attention to the matter some interest may be aroused in physicians seeking a near at hand health resort for their patients, particularly from Philadelphia, and any who try the "camp cure" in summer, or a winter's stay in one of the villages named, will assuredly not regret the experiment.

OLEATE OF COCAINE.—Dr. Samuel Logan (New Orleans Medical and Surgical Journal) states that the suffering due to painful defecation, whether caused by hemorrhoids, fissure of the sphincter ani, or irritability of the rectum, can be immediately relieved by the application of a few drops of a solution of the oleate of cocaine to the affected part.

THERAPEUTIC NOTES.

LACERATED WOUNDS.

Dr. M. S. French recommends the following dressing for lacerated wounds—

℞. Iodoformi . . . . gr. ij.
Acidi carbolici . . . . ♏ij.
Ung. zinci oxidi . . . . ℥iv.
M. Ft. unguentum.
Sig.—Apply externally.

TYPHOID FEVER.

Dr. John C. Pearson (Lancet) is convinced that many cases of typhoid fever can be lessened in severity and duration by the early and persistent administration of the solution of chlorinated soda. He generally orders—

℞. Sodæ chloratæ . . . . ℥iss.
Aqua . . . . . ℥vj.
M. Sig.—Tablespoonful every three hours.

PRURITIS.

Dr. R. G. Gouch (Virginia Medical Monthly) recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces whether the skin is broken or not—

℞. Sodæ biborat. . . . ℥j.
Acid carbol. . . . gtt. xv.
Glycerin . . . . ℥j.
M. Sig.—Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.

IRRITABILITY OF THE BLADDER.

Dr. A. F. Erich (Philadelphia Medical Times) states that irritability of the bladder, accompanied by alkaline urine, can be immediately relieved by—

℞. Acidi benzoici . . . . ℥j.
Sodii biboratis . . . . ℥iss.
Aqua . . . . . ℥vj.
M. Sig.—Tablespoonful every three hours.

MENORRHAGIA.

℞. Ext. belladonnæ fl. . . ♏x.
Ext ergotæ fl. . . . ℥j.
Ext. cimicifugæ fl. . . . ℥j.
M. Sig.—Thirty drops in water every two hours.

TONSILLITIS.

℞. Tinct. aconiti rad. . . ♏xxiv.
Vini colchici rad. . . ℥iv.
Tinct. guiaci ammoniat. . ℥j.
Syr. zingiberi . . . ℥iss.
M. Sig.—Dessertspoonful in water every two hours.

CHRONIC CONSTIPATION.

℞. Sodii sulphatis . . . . ℥ij.
Sodii phosphatis . . . . ℥iss.
Sodii chloridi . . . . ℥ss.
M. Sig.—One teaspoonful in a cup of water before breakfast.

ORCHITIS.

℞. Morphia sulphatis . . gr. j.
Atropia sulphatis . . gr. $\frac{1}{20}$.
Tinct. pulsatillæ . . . ♏xx.
Ext. phytolacca fl. . . ℥vj.
Syr. auranti . . . ℥iiss.
M. Sig.—Two teaspoonfuls every three hours.

SYPHILIS.

℞. Hydrarg. bichlor. . . gr. ij.
Tinct. belladonnæ . . ℥j.
Tinct. capsici . . . ♏xvj.
Tinct. cinchonæ comp. . ℥iij.
M. Sig.—One teaspoonful before meals and at bedtime.

PHARYNGITIS.

℞. Cocaine hydrochlor. . . gr. ij.
Acidi carbolici . . . gr. j.
Glycerinæ . . . . ℥iij.
Aqua . . . . . ℥ij.
M. Sig.—Apply locally three times daily.

RINGWORM.

℞. Hydrarg. bichlor. . . gr. ij.
Naphthol . . . . gr. x.
Ung. zinci oxidi benz. . . ℥j.
M. Ft. Unguentum.
Sig.—Use externally twice a day.

ATONIC DYSPEPSIA.

℞. Tinct. stramonii . . . ♏xvj.
Tinct. hydrastis . . . ℥iss.
Ext. serpentaria fl. . . ℥j.
Ext. taraxaci fl. . . . ℥ij.
M. Sig.—One teaspoonful half an hour before meals.

CHRONIC ECZEMA.

℞. Plumbi carb. . . . . ℥j.
Bismuthi subcarb. . . . ℥iss.
Hydrarg. chlor. mite . . ℥ss.
Ung. zinci oxidi benz. . . ℥ij.
M. Ft. Unguentum.
Sig.—Apply externally every night and morning.

INFANTILE COLIC.

℞. Spts. chloroformi . . ♏xvj.
Tinct. cardamomi . . ℥ij.
Tinct. rhei . . . . ℥iv.
Syrupi . . . . . ℥vi.
Aqua menth. pip. . . . ℥ss.
M. Sig.—One teaspoonful every three or four hours.

INFANTILE TETANUS.

Dr. Henry Davy (Medical Press) reports a case of this usually fatal disease, in which complete recovery ensued after fourteen days' administration of the following combination—

℞. Chloral hydrat. . . . gr. xvj.
Potassii bromidi . . gr. xvj.
Ext. ergotæ fl. . . . ♏xlviij.
Glycerini . . . . ℥iij.
Aqua . . q. s. ad. ℥iv.
M. Sig.—One teaspoonful every three hours.

MUMPS.

℞. Tinct. veratri viridi . . ℥ss.
Spts. ætheris nitrosi . . ℥iss.
Liq. ammonii acetatis . . ℥iss.
M. Sig.—Two teaspoonfuls every four hours.

CROUP.

℞. Tinct. veratri viridi . . ♏x.
Syrupi ipecac. . . . ℥j.
Spts. ætheris nitrosi . . ℥iij.
Syr. limonis . . . . ℥vj.
M. Sig.—One teaspoonful every half hour.

POST-NASAL CATARRH.

℞. Acidi carbolici . . . gr. ij.
Quinia sulphatis . . . ℥ss.
Acidi hydrochlorici dilut. . ℥j.
Tinct. belladonnæ . . ℥j.
Syrupi glycyrrhiza . . ℥ij.
M. Sig.—One teaspoonful three times a day.

AMENORRHŒA.

Professor Bartholow speaks favorably of the following combination in the amenorrhœa of chlorosis—

℞. Tinct. sanguinariæ . . . ℥ij.
Tinct. nucis vomicæ . . ℥ij.
Tinct. aloes . . . . ℥ss.
M. Sig.—Twenty drops in water three times a day.

CHRONIC BRONCHITIS.

Dr. N. J. Scott (Cleveland Med. Gazette) recommends—

℞. Syr. pruni virginianæ . . ℥iijss.
Tinct. opii deod. . . . ℥ij.
Tinct. digitalis . . . ℥ij.
M. Sig.—Teaspoonful three or four times a day.

Also—

℞. Cinchonidinæ sulph. . . ℥ij.
Aquæ destillatæ . . . ℥j.
Acidi sulph. arom. . . . ℥ij.
Syr. aurantii . . . . ℥ij.
M. Sig.—Teaspoonful four times a day, in water.

CHRONIC MALARIA.

℞. Tinct. capsici . . . . ♏xx.
Ammonii iodidi . . . ʒj.
Liq. potassii arsenitis . . ʒiss.
Tinct. bardonis seminis . ʒij.
M. Sig.—One teaspoonful in water after meals.

BILIOUS HEADACHE.

℞. Resinæ podyphyllin . . gr. j.
Ext. colocynthi comp. . gr. vj.
Eunonynim . . . . gr. viij.
M. Ft. Pilulæ No. iv.
Sig.—One pill every three hours.

CHRONIC CYSTITIS.

℞. Sodii bicarb. . . . . ʒj.
Tinct. opii camph. . . . ʒvj.
Ext. stigmata maidis fl. . ʒij.
M. Sig.—Dessertspoonful every four hours.

CEREBRAL CONGESTION.

℞. Tinct. verat. viridi . . ♏xij.
Tinct nucis vomicæ . . ʒss.
Ext. ergotæ fl. . . . ʒiv.
Ext. xanthoxyli fl. . . ʒj.
M. Sig.—One teaspoonful in water every two hours.

MENINGITIS.

℞. Tinct. aconiti rad. . . ♏xx.
Ext. gelsemii fl. . . . ♏xij.
Ext. ergotæ fl. . . . ʒiv.
Tinct. opii camph. . . ʒj.
M. Sig.—One teaspoonful every two hours.

PNEUMONIA.

℞. Morphia sulphatis . . gr. j.
Vini ipecac. . . . . ʒj.
Vini antimonii . . . ʒij.
Spts ætheris nitrosi . . ʒj.
M. Sig.—One teaspoonful every two hours.

Also—

℞. Quinia sulphatis . . . gr. xl.
Acidi hydrochlorici dilut. . ♏xl.
Ext. ergotæ fl. . . . ʒiij.
Syr. glycyrrhiza . . . ʒss.
Aqua . . . . . ʒj.
M. Sig.—Two teaspoonfuls every three hours.

PLEURISY.

Dr. Sollace Mitchell (Therapeutic Gazette) says the Bellevue Hospital treatment of acute pleurisy is as follows: Opium is given, either in the form of Dover's powder or Magendie's solution, to lessen the pain and nervous irritability and check the determination of blood to the inflamed pleura. Tincture of aconite is administered in ♏ss doses every fifteen minutes for two hours, and then in minim doses every two hours, until a decided impression is produced upon the circulation. The bowels are opened by a saline purgative, and a mustard poultice applied to the chest. During the first twenty-four hours, the patient is also given ten grains of quinine every six hours. If the disease now passes into the stage of effusion, the patient is put upon a diuretic, consisting of—

℞. Sacch. alb.
Potass. bitart. . . āā ʒi.
Aquæ . . . . . Oj.
M. Sig.—ʒj ad. lib.

The saline cathartics are kept up, and a local application of some form of iodine is made. Another local form of application, which is a favorite in some of the divisions of the hospital, is to cover the affected chest-wall with punctate cauterizations by means of a Paquelin's cautery, applications being renewed every other day.

Tonics are given and continued on into the third stage, the formula usually prescribed being—

℞. Strychninæ sulph. . . gr. j.
Liq. potass. arsenitis . . ʒij.
Cit. ferri et quininæ . . ʒiv.
Glycerinæ,
Aq. cinnamomi. āā q. s. ad. ʒviij.
M. Sig.—One drachm after meals, and with this is often given whiskey one ounce t. i. d.

The cough which so often attends pleurisy is allayed with—

℞. Morph. sulph.
Potass. cyanid. . . āā gr. ij.
Syr. tolutan.,
Syr. pruni virg. . . āā q. s. ad. ʒij.
M. Sig.—One drachm p. r. n.

Blisters are rarely applied to the chest, as they cause the patient considerable inconvenience, and interfere with the physical examination of the chest from day to day.

Paracentesis is performed in the sixth interspace, mid-axillary line, if the effusion is so great as to cause much dyspnœa; the fluid is withdrawn slowly, stopping at the moment the patient begins to cough or feel other unpleasant symptoms. The effusion, they believe, is never changed to a purulent one by mere tapping; but this is either due to unclean instruments, or the fluid was destined from the start to become purulent.

In the chronic form of this disease the patient is put upon tonic treatment, diuretics, and mild cathartics. Counter-irritation is kept up.

One of the most effective, and at the same time least objectionable methods to the patient, is the use of what is known in this hospital as Corson's paint, the formula for which is—

℞. Ol. tiglii . . . . . ℥ij.
Ætheris . . . . . ℥iv.
Tinct. iodinii comp. q. s. ad ℥ij

M. Sig.—Paint with camel's-hair brush every morning.

This produces a beautiful crop of pin-head blisters, with very little annoyance to the patient. Aspiration is resorted to when the fluid does not become absorbed. At first a few drachms are removed by means of a hypodermic syringe, the idea of this being, that if nature is assisted in the elimination of the fluid even to this small degree, afterwards absorption goes on rapidly. Theoretical as it seems, the practice of this simple procedure often brings about a successful issue, and further aspiration is not called for. Still, cases do occur where more radical methods must be employed, and then paracentesis is performed. Resection is rarely practised, and is confined to one or two divisions of the hospital; the other divisions treating the cases of empyema by means of free incisions and two rubber drainage-tubes, after first giving simple aspiration a fair trial.

Where drainage tubes are used, the pleural cavity is washed out daily with either a 1 to 5000 solution of bichloride of mercury, or with Thiersch's solution, which is—

℞. Acidi boracici . . . ℥ss.
Acidi salicylici . . . ℥ss.
Aquæ . . . . . Oij.

This solution is preferable, as not the slightest harm can ever come from its use, no matter how much may be retained. Tonics and fresh air form an essential part of the treatment. For the night-sweats which so often occur, the following is given :—

℞. Atropinæ sulph. . . gr. $\frac{1}{120}$.
Acidi sulphurici aromat. . ♏x.
Aquæ . . q. s. ad ℥j.

M. Sig.—One drachm at bed-time, and repeated, if necessary.

ASCITES.

℞. Potassii bitart. . . . ℥iiss.
Tinct. digitalis . . . ℥j.
Spts. ætheris nitrosi . . ℥j.
Infusi buchu . . . ℥iv.

M. Sig.—Tablespoonful in water every four hours.

SCROFULA.

℞. Liq. potassii arsenitis . . ℥j.
Potassii chloratis . . . ℥ij.
Aqua . . . . . ℥vj.

M. Sig.—Two teaspoonfuls in water after meals.

THRUSH.

℞. Sodii bicarb. . . . . ℥ij.
Sodii chloridi . . . . ℥ij.
Aqua . . . . . ℥iij.

M. Sig.—Rub well into the affected surface three times daily.

DYSMENORRHŒA.

℞. Tinct. belladonnæ . . . ℥ss.
Spts. camphoræ . . . ℥ij.
Tinct. polygon hydropiper . ℥ss.

M. Sig.—Thirty drops every three hours.

A PLEASANT QUININE MIXTURE.

The Canada Lancet says that a most pleasant and palatable disguise for quinine may be extemporized as follows :—

℞. Quiniæ sulph. . . . gr. xij.
Acidi tannici . . . gr. xx.
Tinct. opii camph. . . ℥ss.
Tinct. cinchonæ . . ℥ss.
Spts. lavand. comp. . . ℥iij.
Syrup simp. ad . . . ℥iv.

M.—Shake well before using. The dose will be usually one teaspoonful three times a day, but the amount of quinia desired to be administered should govern the size of the dose.

ACUTE BRONCHITIS.

℞. Tinct. bryonia alba . . ♏xxiv.
Ext. grindeliæ fl. . . ℥j.
Ext. yerbæ santæ . . ℥ss.
Syr. tolu . . . . ℥iss.

M. Sig.—One teaspoonful every two hours.

OVARIAN IRRITATION.

℞. Tinct. digitalis . . . ℥j.
Sodii bromidi . . . . ℥j.
Ext. salix nigra fl. . . . ℥iss.

M. Sig.—One teaspoonful three times a day.

APOMORPHINE IN CROUP AND BRONCHITIS.—Dr. Stutz, of Neuminster, is loud in his praises of apomorphine, subcutaneously injected, in diphtheria complicated with croup, and in primary croup itself. Of ten of these latter cases he lost only one, and this he attributes to his not having been called in quickly enough. Similar treatment is also very valuable in dyspnœa due to bronchitis. He has also been successful in cases of arsenical poisoning in children; and in one where a woman had such severe pharyngitis that she was quite unable either to swallow or speak. An apomorphine injection quickly emptied the stomach of pus and mucus, and enabled her both to speak and swallow.—*Brit. Med. Jour.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Jan. 1886.

A PACKED SOCIETY MEETING AND THE AMERICAN MEDICAL ASSOCIATION.

THE first secret move of those inimical to the International Medical Congress by which it was intended to capture the American Medical Association at its next meeting in St. Louis, and then reinstate themselves and the old ticket, has just been laid bare. At a secret meeting of the bolters in the East, it was decided to obtain control, at all hazards, fair or otherwise, of the Philadelphia County Medical Society. It was found, upon consultation, that among the large membership of this society the support given to the American Medical Association was too strong to allow a full and free public opinion. It would have buried the disaffected by the unqualified approval of the action of the association. This had to be avoided by selecting a favorable and unexpected occasion to pack the society and secure their ends.

Confidential letters were sent out, outlining their policy, to those upon whom they could depend, and asking their presence to carry out their project. The following is a sample which fell into the hands of the editor of THE BULLETIN the night before the meeting:—

1118 ARCH STREET,
Dec. 31, 1885.

DEAR DOCTOR: At the County Society meeting on Wednesday next, at 4 P. M., there will be introduced by Dr. Agnew a resolution regretting the trouble concerning the International Medical Congress, and instructing the delegates to the next meeting of the American Medical Association to work for the unity and harmony of the profession. There will also be nominated a new list of delegates for the association and State Medical Society, because it is believed that many put on the list previously nominated do not go with the best interests of the profession. Will you not be present at the meeting and vote for the resolution of instruction and the new delegates?

Yours truly,

JOHN B. ROBERTS.

By personal solicitation, secret letters, stating the object as outlined above, and by means of a ticket quietly circulated, calling only on certain members to be on hand, the Philadelphia County Medical Society was captured by the disaffected on January 6th. Since that time the apparent victory and so-called public opinion of the profession of Philadelphia have been heralded, mainly through the newspapers, all over the country. The leaders in this movement were doubtless ignorant of the presence of some wary newspaper reporters, but those upon whom the packing depended made certain of having them there to sound the cymbals, beat the drums, and make all possible noise to herald broadcast the perverted action of the society.

One hundred and fifty, including the men who voted for themselves—the disaffected ones—were all who could thus be secretly summoned or dragged to this meeting, in a society of almost five hundred members. Is this public opinion? Is this the support of their action by the society and profession of Philadelphia? The answer is, emphatically, No! They would, if they could, have had every man present to vote with them. Almost three hundred do not agree with their action, or they would have been present to give the bolters their support.

Several ex-Presidents and other members called attention to the fact that the method of procedure pursued was contrary to the By-Laws of the society. One prominent ex-President read the following passage from them, governing the meeting and the election of officers and delegates. Page 8, article 5, section 2, says:—

"*Nominations for officers and delegates shall be made at the stated meeting in October, and no member shall be put in nomination who is in arrears for the annual contribution of the current year.*"

And on page 19, article 12, section 4, the By-Laws say: "*At the stated meeting in October*

the Nominating Committee shall present a ticket of candidates for election to the different delegations of the society."

It was shown that the society passed upon their officers and delegates in October, and only one list according to these By-Laws could be before the society. Several members, who endeavored to speak for the right, were, we are sorry to say, hooted from the floor. Another prominent member arose and pointed out that upon the irregular ticket were two physicians who were not even members of the society, and four who were in arrears for their annual dues. But all to no effect. His voice was drowned in the clamor. The ticket was rushed through and the laws of the society violated, notwithstanding the protest of many members. The bolters are consequently happy; the Philadelphia County Medical Society has been captured, the law transgressed, and the public opinion of the profession of Philadelphia stifled. The medical societies throughout the country are now supposed, according to the previous orders issued by the chief bolters, to fall in with the so-called public opinion in Philadelphia, and do likewise. On to St. Louis is now the battle-cry, pack that meeting as well, and capture the organization of the International Medical Congress!

How about the remaining support of the American Medical Association who unconsciously remained at home, not knowing of this packing of the society? Are they to be swallowed up by the mighty few?

Will the West and South permit the few Philadelphians to pursue the same course at the St. Louis meeting? Time alone will tell who are the wisest and the strongest. The practitioners at least will have some say at the coming meeting.

THE DISAFFECTED MEDICAL SLATE.

A MEMBER of our County Society says this packed meeting of the Philadelphia County Medical Society means *the secret selection of delegates who will back the Original Committee of Eight—the disaffected—and the election of one of their own choosing President of the Medical Society of the State of Pennsylvania.* The West and South are thus notified by a few Philadelphians that the bolters have made this city the fighting ground. *The Philadelphians have now the slate prepared, both for the American and State Medical Societies.* Be not too certain, however, that the other sections of the country are going to allow a few Philadelphians to legislate for them so far in advance!

NUX VOMICA IN OPIUM POISONING.

BELLADONNA has heretofore been regarded as the most reliable antidote in all cases of opium poisoning, but the danger of increasing the coma, or of substituting belladonna narcosis for opium narcosis is so great, that many physicians have abandoned its use in such cases, and rely entirely upon emetics, faradization, and caffeine. These three agents are undoubtedly of great value, but it is an error to rely upon them alone. Belladonna, or its alkaloid, atropia, should be administered in sufficient quantity to maintain the circulation and respiration at or near the normal rate. As Bartholow has pointed out, if the proper function of the heart and lungs can be maintained the condition of unconsciousness is of minor significance, and will pass away in a few hours. It must be admitted, however, that belladonna is synergistic to opium in some respects, and therefore it is not a complete antidote. Can a better one be found?

Dr. A. C. Davidson, of Sharon, Ga., in the Atlanta Medical and Surgical Journal, December, 1885, answers the question in the affirmative, and is entitled to the honor of directing the attention of the profession to the value of nux vomica as a typical physiological antidote to the various preparations of opium.

Dr. Davidson truly says that opium, in poisonous quantities, is sedative, narcotic, anæsthetic, and myo-paralytic; produces giddiness, stupor, insensibility, and paralysis. The appearance of the whole body and the expression of the countenance is that of complete relaxation—painless, deep, and perfect repose.

Nux vomica, on the contrary, is a powerful excitant of the cerebro-spinal system; and in poisonous doses produces great agitation and anxiety; first, epileptiform, and finally tetanic convulsions.

Instead of the complete relaxation of the whole voluntary muscular system, the painless, deep, and perfect repose so characteristic of extreme opium narcosis, we witness great agitation and anxiety and the most violent contortions of all the voluntary muscles.

Now, if pain is the natural physiological antagonist of ease; agitation and restlessness, that of repose; immobility, that of relaxation; spasm that of paralysis; hyperæsthesia, that of insensibility, is not nux vomica the natural physiological antagonist of opium?

Dr. Davidson then narrates two cases of profound opium poisoning, in each of which he used heroic doses of nux vomica hypodermatically with the best results.

In one case, that of a child three years old, who had been given two grains of morphia by mistake, there was no perceptible respiration; no pulse, radial, temporal, carotid, or cardiac could be at all detected. Indeed, it looked as if the little patient had breathed her last.

Without hesitating a moment, the Doctor mixed ten grains of the solid extract of nux vomica in three or four teaspoonfuls of home-made peach brandy, and proceeded at once to inject the whole of it beneath the skin of the arms and thighs. A few moments only were necessary for this procedure.

In about a minute after the last injection was made the face became suddenly very red, and in an instant thereafter the child was seized with a severe tetanic convulsion. This convulsion seemed to last several minutes, during which time she writhed fearfully, having her head drawn forward and downward. She then fell back upon the pillow and remained quite motionless—the whole system was now completely relaxed, except that respiration and pulse-beat were nearly normal—for several minutes, when she sat upright upon the bed and asked for water. After drinking freely she remained sitting up, and conversed intelligently, but in rather an excited and rapid manner, the remainder of the afternoon.

With the exception of a slight fever for a day or two, and several inconsiderable abscesses at points of puncture, she passed on to a rapid and complete recovery.

The second case was still more unpromising. The patient was in a state of profound coma, but after nearly half an ounce of the tincture of nux vomica had been injected hypodermatically, in divided doses, she was thrown into a convulsion. This was followed by six more severe convulsions, after which she regained consciousness and made a good recovery.

Dr. Davidson's doses may appear hazardous, but his method is based upon correct physiological and therapeutical principles. It has evidently been very successful in his hands, and merits the most careful attention of the medical profession.

OLEUM TEREBINTHINÆ.

OIL OF TURPENTINE is one of the most valuable remedies in the materia medica. It diffuses into the blood with great rapidity, and can be detected in the breath, perspiration, and urine in a few minutes after its administration. In small doses it contracts the arterioles, increases the number and force of the cardiac movements, and exercises a stimulating influence upon the entire nervous system. It also possesses valuable antiseptic and anthelmintic properties. It is invaluable as a hemostatic in all forms of hemorrhage, especially those of a passive type. Hæmoptysis, hæmatamesis, hæmaturia, epistaxis, and menorrhagia are all promptly relieved by its use. It is equally efficient in purpura, hæmatidrosis, and hæmophilia. It is also effective as an external application to bleeding surfaces.

It is one of the best remedies for flatulent dyspepsia, flatulent colic, and chronic intestinal catarrh. Its power to prevent the formation or dispel the accumulation of gas in the intestines, is probably due to its antiseptic or antifermentative properties. It is universally recognized as the remedy for the tympanites of typhoid fever. It is of even more value, however, in this disease as a general cardiac and nervous stimulant. It is far superior to alcohol for this purpose, and should be more generally used. It is equally indispensable in typhus fever, typhoid pneumonia, typhoid fever, and all inflammatory affections of the asthenic type. It has been used with gratifying success in the treatment of yellow fever, and in the algid stage of cholera. It is one of the most reliable remedies

for diphtheria and scarlatina anginosa. It is also of value in phlegmonous erysipelas, and the various inflammatory affections of the puerperal state. It is almost a specific for epidemic dysentery. In chronic rheumatism and sciatica it is also effective.

Chronic bronchitis and bronchorrhœa are remarkably benefited by either the inhalation or internal administration of oil of turpentine. Turpentine is also an efficient remedy for chronic cystitis, gleet, and leucorrhœa. It is invaluable in the treatment of spermatorrhœa, amenorrhœa, and functional impotence. It is the antidote *par excellence* in all cases of phosphorus poisoning. The administration of oil of turpentine in half-drachm doses twice a day, is the most certain method of expelling and preventing the return of ascarides lumbricoides and oxyuria vermiculares. It is an equally effective tænicide, if given in combination with castor oil, one ounce of each at a dose. No remedy is so prompt and effective in hysteria and catalepsy as the administration of a turpentine enemata. According to Bartholow, oil of turpentine is the most efficient application for hospital gangrene. It is also serviceable as a stimulant dressing for chronic ulcers, and as a revulsive application in laryngitis, bronchitis, peritonitis, pneumonitis, pleuritis, and other internal inflammations. It is an excellent counter-irritant in pleurodynia, lumbago, and chronic synovitis. It is also of value in the treatment of chilblains, frost-bite, and severe burns, and has been recommended as an application to the surface of boils and carbuncles. As oil of turpentine is a powerful antiseptic, it can be substituted for carbolic acid, with advantage, as a medium for disinfecting the hands and paraphernalia of the surgeon and gynæcologist.

A WORTHLESS REMEDY.

A FEW years ago an enthusiastic physician proclaimed that the long-sought-for specific for biliary calculi had been found at last in olive oil. All that was necessary was to administer a sufficient quantity of olive oil and hundreds of calculi would appear the following morning in the dejections. It was also noted that the number of calculi was in direct proportion to the amount of oil swallowed by the patient, the larger the dose the greater the number. One case was reported in which two hundred calculi, varying in size from a pea to a walnut, were expelled by a pint of olive oil. This case, however, burst the bubble. A reflecting physician, who saw that no ordinary gall-bladder could possibly contain one-fourth of these so-called calculi, submitted them to a careful investigation, and found that they were nothing more than concretions of the oil that had been administered.

Olive oil as a specific for biliary calculi then disappeared ftom view, but it has been brought forward again by a writer in the New Orleans Medical and Surgical Journal, who lays down the maxim that "after pain is relieved olive oil should be used in pint doses to expel the stones." As illustrative of its value in such cases, he narrates an instance in which "a diagnosis of biliary calculi was made, and under the use of olive oil abundant stones were passed." It would only be a waste of time to discuss the matter further. Suffice it to say that olive oil does not possess the slightest power to either soften or procure the expulsion of true biliary calculi, and that its use, as well as that of all other oils and fats, is positively injurious in such cases, and should be absolutely prohibited.

MEDICAL NEWS AND MISCELLANY.

Dr. W. H. Parish has removed to 1435 Spruce Street.

Dr. John H. Packard has removed to 1437 Spruce Street.

Dr. Joseph Martin has removed to 2009 Columbia Avenue.

Dr. George D. Fitch has removed to 618 North Fortieth Street.

Dr. R. B. Cruice has removed to 114 North Eighteenth Street.

Dr. A. Van Harlingen has removed to 118 South Seventeenth Street.

Dr. T. H. Bradford has removed to 125 South Eighteenth Street.

Dr. Alfred T. Livingston has removed to 634 North Sixteenth Street.

DR. GEORGE HAMILTON, one of the oldest physicians of Philadelphia, died on November 30th.

DR. THOMAS ADDIS EMMET has been elected an honorary Fellow of the Academy of Medicine, in Ireland.

DR. CHARLES WIRGMAN has been appointed one of the visiting physicians to the Jefferson Medical College Hospital.

DR. CHARLES E. CALDWELL has been elected Lecturer on Pathology in the Cincinnati College of Medicine and Surgery.

DR. ROYAL W. AMIDON, of New York, was married on November 21st to Miss Emma D. F. Field, of Easton, Pa.

DR. VAN S. LINDSLEY, Professor of Ophthalmology and Otology in the University of Nashville, died on November 15th.

DR. FERDINAND H. GROSS, of Philadelphia, was married on November 26th to Miss Frances A. Williams, of Boston, Mass.

DR. R. L. P. BROWN, of Buckhannon, W. Va., was married on November 4th, to Miss Margaret N. Woods, of Philippi, W. Va.

DR. SAMUEL G. ARMOR, Dean of the Long Island Hospital Medical College, died at his home in Brooklyn, on October 27th.

DR. ALBERT H. SMITH, ex-President of the Philadelphia County Medical Society, died on December 14th, at his home in Philadelphia.

DR. WILLIAM B. ATKINSON has been appointed Special Inspector of the Southeastern District of Pennsylvania, by the State Board of Health.

PROFESSOR MATTHEW HAY, of Edinburgh, has been elected Professor of Pharmacology, in the Medical Department of the Johns Hopkins University, at Baltimore.

PHILADELPHIA POLYCLINIC.—The Philadelphia Polyclinic and College for Graduates in Medicine will soon remove to its enlarged and improved building on Broad Street.

DR. W. H. DOUGHTY, JR., has been elected to fill the vacancy in the Chair of Obstetrics, in the University of Georgia, caused by the resignation of the venerable Dr. Joseph A. Eve.

DR. JOHN C. DRAPER, Professor of Chemistry in the Medical Department of the University of the City of New York, died of pneumonia at his home in that city on December 20th.

DR. R. J. LEVIS, President of the Philadelphia County Medical Society, gave a brilliant reception to the members of the Society, on December 12th, at his residence, Sixteenth and Walnut Streets.

PROFESSOR A. P. GRINNELL, M.D., of the University of Vermont, will deliver the course of lectures on the Practice of Medicine at the Long Island Hospital Medical College during the present season.

DR. JOHN P. REYNOLDS has resigned from the Chair of Obstetrics in the Harvard Medical College. Dr. William L. Richardson has been appointed to act as his successor until the vacancy is permanently filled by the Board of Trustees.

WE learn with regret that Dr. E. R. Squibb has announced the discontinuance of the valuable series of pamphlets which, for the past few years, he has issued under the title of "An Ephemeris of Materia Medica, Pharmacy, Therapeutics, and Collateral Information."

THE CLEVELAND MEDICAL GAZETTE is the title of a new and brilliant medical journal published at Cleveland, Ohio. It is edited by Drs. A. R. Baker and S. W. Kelley, who have evidently determined to make it second to none in the field of practical medical journalism.

PROFESSOR W. F. WESTMORELAND presented at his clinic, at the Atlanta Medical College, recently, a case of dislocation of both bones of the forearm at the elbow, of three months' standing. The dislocation was reduced, and the patient experienced very little inconvenience afterwards.

THE AMERICAN PUBLIC HEALTH ASSOCIATION has elected the following officers for the ensuing year: President, Dr. H. P. Walcott, of Massachusetts; First Vice-President, Dr. G. W. Coverton, of Ontario, Canada; Second Vice-President, Dr. G. B. Thornton, Memphis, Tenn.; Treasurer, Dr. J. Berrien Lindsley, Memphis, Tenn.

THE DETROIT LANCET having long since outgrown its local character, will hereafter be known as the American Lancet. This new title is indicative of its extensive circulation, as well as of the valuable and varied nature of its contents. The Lancet will remain, as heretofore, under the able editorial management of Leartus Connor, A.M., M.D.

DR. D. G. BRINTON, editor of the Medical and Surgical Reporter, has been appointed Laureate of the Societe Americaine de France, for 1885, and awarded the annual medal of the Society for his learned works upon the aboriginal languages of America. Dr. Brinton is the first American upon whom this honor has been conferred.

PHILADELPHIA HOSPITAL.—Dr. Andrew Nebinger has been elected consulting physician to the Insane Department. Drs. A. W. Ransley and W. S. Steinbach have been added to the

surgical staff. Drs. William Osler and John H. Musser have been added to the medical staff, and Drs. E. E. Montgomery and Elliott Richardson have been appointed on the obstetrical staff.

THE MUTTER LECTURES.—The first series of lectures of the Mütter course were delivered before the College of Physicians, of Philadelphia, by Dr. Henry F. Formad, on December 8th, 11th, 15th, 18th, and 22d. The remaining lectures will be delivered on January 5th, 8th, 12th, 15th, and 19th. The subjects are, "Morbid States as Influenced by Embryonal Development, Anomalous Structural Peculiarities, Injuries, and the Effects of Lower Organisms, with Special Reference to Surgical Pathology."

THE NEW YORK STATE MEDICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. E. M. Moore; Vice-Presidents, Drs. William Gillis, H. C. Van Zandt, Frederick Hyde, and D. Guernsey; Recording Secretary, Dr. Caleb Green, Homer, Cortland County; Corresponding and Statistical Secretary, Dr. E. D. Ferguson, Troy; Treasurer, Dr. J. H. Hinton, New York; new members of the Council, Drs. E. M. Lyon, I. H. Abell, T. W. Ross, S. T. Clark, and E. S. F. Arnold.

PREVENTION OF MAMMARY ABSCESS.—Dr. Miall (British Med. Journal) says the formation of mammary abscesses can be prevented by the use of fomentations of hot water and carbonate of ammonia. He has frequently seen cases in which the breasts were hot and inflamed, with redness of the skin, throbbing and deep-seated pain, the pulse being 120 in the minute, yet these symptoms have disappeared in the course of a few hours under fomentation with hot water and ammonia. An ounce of carbonate of ammonia is dissolved in a pint of boiling water, and when solution is effected, the temperature will scarcely be too high for fomentation with cloths dipped in the liquid. These must be assiduously applied for half an hour at least, and repeated two or three hours later, if necessary. Relief is immediate.

MEDICAL ENTERPRISE IN THE SOUTH.—Among many other indications of returning prosperity to the South is to be noticed the establishment of private infirmaries under the care of Southern physicians and surgeons. In Georgia, Dr. V. H. Taliaferro has in successful operation a private infirmary for the treatment of diseases of women. Dr. Taliaferro must find this a congenial field for his energy and talents, as his experience has been large and his success great in this department of medicine. More recently a surgical infirmary for males and females has been established in Atlanta by the well-known surgeon and writer, Dr. J. McF. Gaston, than whom no one stands higher in all sections of the country. In this connection reference may also be made to the deservedly renowned establishment of Dr. Battey, a description of which recently appeared in the Atlanta Medical and Surgical Journal.—*Gaillard's Medical Journal*, New York.

CAPSICUM IN HEMORRHOIDS.—A case is mentioned by a correspondent of a Peruvian medical journal of a case of bleeding piles cured by capsicum. The patient was a man of twenty-eight years of age. He was much distressed by passing variable quantities of blood after going to stool, and suffered a good deal from anal irritation and tenesmus. No tumor could be detected. He had formerly been in the constant and daily habit of using a violent purgative for ten months, and after he left it off, obstinate constipation followed, and it was under these circumstances that hemorrhage commenced. The writer tried all kinds of remedies, and regulated the diet, without producing any improvement, and at last was contemplating surgical measures, when he happened to mention the case to a hospital physician, who suggested a trial of capsicum, as he had himself been cured of a very obstinate form of chronic dysentery by its means, and he felt sure that it possessed the property of acting on the rectum. This was consequently prescribed with meals, and the doses gradually increased. A marked improvement soon was observed, and at the end of a couple of months a complete cure was effected.—*London Medical Times.*

QUININE IN TYPHOID FEVER.—Dr. O. F. Schultz (American Practitioner) urges the systematic employment of quinine in all cases of typhoid fever. The method which he has adopted since 1881, is to administer grs. v to infants, grs. viiss to x to children, and grs. xv to xxx to adults, in solution with muriatic acid, or mixed with syrup or fluid extract licorice, and then followed by lemon juice or muriatic acid within half an hour, every evening between seven and eight o'clock, until the evening temperature does not exceed 102°, and then every other evening till the morning temperature has permanently become normal. The object which he has in view is, primarily, to force an early breaking up of the disease, and, secondarily, the prevention of hyperpyrexia, a high and obstinate grade of fever furnishing an indication not for the exhibition of quinia—this indication is furnished by the disease—but for a crowding of the doses and an increase in their size. By the course the disease takes under this method, Dr. Schultz has long become convinced that: 1st, Quinia can abort the typhoid fever process; 2d, If the disease is not aborted its duration is shortened; 3d, It is made to pursue a milder course.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF WASHINGTON TERRITORY.—The Board of Regents have completed the organization of a Law and a Medical Department of the Territorial University, located at Seattle, and the following gentlemen have been elected to constitute the medical faculty :—

Thomas D. Minor, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine; Rufus Willard, M.D., Professor of Obstetrics and Diseases of Women and Children; Edward L. Smith, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery; John Baker, M.R.C.P. and S., Ontario, Professor of Chemistry and Toxicology; Gideon A. Weed, M.D., Professor of Physiology and Hygiene; C. H. Merrick, M.D., Professor of Materia Medica and Therapeutics; L. R. Dawson, M.D., Professor of Descriptive and Surgical Anatomy and Histology; John W. Waughop, M.D., Professor of Psychological Medicine and Diseases of the Nervous System; John C. Sundberg, M.D., Professor of Ophthalmology, Otology, and Laryngology; J. S. M. Smart, M.D., Adjunct Professor of Clinical Surgery and Diseases of the Genito-Urinary Organs; L. R. Dawson, M.D., Demonstrator of Anatomy; Chair of Medical Jurisprudence to be filled; L. J. Powell, A.M., President of the University, *ex-officio* member of the Faculty.

THE COLUMBIA COUNTY MEDICAL SOCIETY ON THE CONGRESS QUESTION.—At the regular meeting of the Columbia County Medical Society, State of Pennsylvania, the following resolutions were unanimously passed :—

WHEREAS, There being a division of sentiment in the medical profession relative to the action taken by the American Medical Association at its meeting in New Orleans, and also as regards the action of the Committee of Arrangements in carrying out its instructions relative to the proposed meeting of the International Medical Congress, to meet in Washington, D. C., in 1887,

Resolved, That we reaffirm our allegiance to the Code of Ethics of the American Medical Association, and we hereby give expression to our unqualified endorsement of its action in adding to the Original Committee.

Resolved, That this Society approves of the action of the Committee at its meeting in Chicago in deciding to appoint to official positions in said Congress only those who are responsible to the American Medical Association.

Resolved, That a copy of this action be forwarded to the Secretary-General of the Congress.

W. M. REBER,
Secretary Columbia County Medical Society.

INTESTINAL INVAGINATION.—Dr. G. T. Vaughan (Virginia Medical Monthly) says the treatment of suspected intestinal invagination should be based upon this admirable maxim of Professor Austin Flint, Sr.: In any affection of the bowels, when in doubt about the diagnosis, *never* give a purgative; for if obstruction exist it can only do harm, and if it does not exist, simple enemata of warm water or olive oil will answer the purpose, and are perfectly safe. Enemata of water or air, as long as the patient can bear the tension, are useful, especially in invagination, and olive oil or ox-gall, as recommended by Dr. Flint, to soften fecal impactions. Belladonna or atropia should be used by mouth and rectum, in the hope of obtaining its relaxing effect on the muscular coat of the intestine, and morphia subcutaneously to mitigate pain and quiet peristalsis.

These remedies having failed to give relief, the question of laparotomy arises, and it should not be delayed too long, as the patient's chances of recovery will be materially diminished; for spontaneous cures so seldom result, that their probability may be almost disregarded in the question of treatment.

As that distinguished surgeon, Dr. Hunter McGuire, so well expresses it, the physician who hesitates to operate, after having tried all other means, and failed to relieve his patient "is guilty of neglect of duty."

AQUA CREASOTI.—The officinal aqua creasoti, or creasote water, is so important a preparation for one special use, that it is well to notice it in order to emphasize that special use. It is a simple one per cent. solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid or coal-tar creasote for this purpose, but is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it, will relieve the pain of burns or scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over. It is also very effective as a local anæsthetic for general use in all painful conditions which affect the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable by simple management of the strength of the solutions and the mode of application. They are the true anæsthetics to the skin, while

the much-lauded cocaine is not. This statement has been published so often, and the treatment has been so effective in so many hands, that it should be universally employed instead of the old and comparatively useless and hot dressings, such as carron oil, white lead ground in oil, flour, linaments, etc., or the newer application of solution of bicarbonate of sodium.—*An Ephemeris of Materia Medica.*

THE PREVENTION OF SEPTICÆMIA.—Dr. Israel B. Washburn (Med. and Surgical Reporter) says: Five or six years ago I adopted the practice of giving chlorate of potassium to all my puerperal patients, commencing the second day after delivery, and continuing at least five days, or, what I think a better guide, as long as there is any color to the lochial discharge. In that time I have not had a single case of septicæmia amongst the patients I attended myself.

The use of the remedy as a preventive of blood-poisoning in puerpera is not original with myself, but I have extended it to my surgical cases with like good results. There may not be any power in the potassium chlorate to prevent septicæmia, but prior to the time I commenced using it such cases were not infrequent among my patients, a number were dangerously ill, and I lost a few that I treated or assisted in treating. I usually administer the remedy as follows:—

℞. Chlorate potassium . . . ʒj.
Aqua pura . . . . ʒij.

M. Sig.—Half a teaspoonful every three or four hours.

It is not necessary to give it in large doses, as they are dangerous.

I have never resorted to the intra-uterine injections, as some recommend, but have relied upon vaginal injections of warm water, with or without any disinfectant, as needed, as a matter of cleanliness.

The periodical fevers sometimes preceding, at others following confinement, should be interrupted as soon as possible. They are liable to arrest the lochial discharge, and that will cause septicæmia, unless prevented by proper treatment. I hope physicians in large cities or localities where puerperal fever or septicæmia is prevalent, will try the chlorate of potassium, and report, that the profession may know whether it is a success or a failure.

EAST LINE MEDICAL ASSOCIATION OF TEXAS.—At a meeting of this progressive and flourishing Association, the following resolutions, presented by Dr. J. J. Dial, were unanimously adopted:—

WHEREAS, The American Medical Association at its meeting, held in the city of Washington, in May, 1884, appointed a committee to invite the "International Medical Congress" to hold its next meeting at the city of Washington, said committee having other powers delegated to them; and, *whereas*, the American Medical Association, at its meeting held in the city of New Orleans in April last, did, as it had a right to do, receive such portions of said committee's work as was satisfactory to it, and enlarged said committee, making it, what it should be, national in character. And, *whereas*, certain members of the profession have objected thereto, and have done what they could to throw obstacles in the way of a perfect and harmonious organization of the present committee and the work of said committee; and, *whereas*, we believe it to be our duty to express our views in the present condition of affairs; therefore, be it

Resolved, That we do most heartily endorse the action of the American Medical Association, at its meeting at New Orleans in May last; and also do most heartily endorse the present committee and its work up to date.

Resolved, That we do hereby pledge ourselves to sustain the American Medical Association in its efforts to make the International Medical Congress a success, and to elevate the standard of legitimate medicine in these United States.

Resolved, That we are proud of and do most cordially endorse the delegates from our State Medical Association to the American Medical Association at New Orleans, in May last; we believe their action represents the true sentiments of a very large majority of the profession in Texas.

Resolved, That we disclaim any sectional feeling in this matter. We know no North, no South, no East, no West. We are for honorable medicine—The American Medical Association one and indivisible, now and forever!

Resolved, That a copy of these resolutions be sent to Daniel's Medical Journal for publication.

J. W. GARNETT, *Secretary.*

A NEW METHOD OF GIVING A BATH IN TYPHOID FEVER.—Dr. H. C. Wood (Therapeutic Gazette) says the great difficulty in the use of the bath in fevers is in the trouble which is involved in moving the patient in and out of the bath tub. The following simple device will in great part remedy this trouble, and also save the necessity of providing a portable bath tub. The canvas of an ordinary bed cot is to be made three or four inches wider than it is ordinarily arranged, and a board nailed at each end so as to hold the cot permanently open and project above it several inches in the form of a head-board or foot-board. This cot is then arranged alongside of the bed of the patient, so as to be on a level with the bed, and at the same time firm. Over it is spread an India-rubber cloth sufficiently large to cover it entirely and to fall above and

below, over the head-board and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course, the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing sponge, the water in this pool, heated by the body, can be removed by means of this sponge, and fresh cold water soused over the body enveloped in the sheet. In this way the water—lying continually between the sheet and the body, as well as saturating the sheet—so envelops the person that the effect of the cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath can be given.

I notice that Stephan, of St. Petersburg, affirms that the application of ice-bags over the superclavicular regions is sufficient to control the temperature in fever, owing to the fact that the cold is brought into close contact with much of the blood of the body by the large superficial veins of the neck. I have had no experience, however, of this method of reducing temperature, but it is worthy of a trial; especially as it seems to be safer to reduce temperature in a low fever by external cold, than by our at present known depressant antipyretic drugs.

Recurrent Laryngitis.—Dr. E. Fletcher Ingalls (Journal of American Medical Association) says the treatment of recurrent laryngitis must be varied according to the cause of the disease. In cases in which the affection occurs in a person predisposed to inflammation of the mucous surfaces, and in which there is no obstruction in the upper air passages to account for it, we adopt the ordinary treatment recommended for chronic laryngitis, *i.e.*, local applications of astringents and stimulants, together with proper attention to any constitutional symptoms. We must make every effort to ascertain the true cause of the frequent colds from which these patients suffer, and they must be advised accordingly.

During the heighth of the attack, I prefer applications of sulphate or chloride of zinc, in strength varying from gr. ij to xxx in f℥j, according to the effect, the weaker solutions during the heighth of the affection, and the strong ones later on. These are made with the atomizer, if possible, but in a large number of cases, the patient cannot hold the throat in position long enough to permit a thorough application; and then either a brush or a pledget of cotton must be employed. I prefer the latter for most cases. After the inflammation has subsided, I direct the patient to continue the use of the mild, stimulating spray two or three times a day for many months, in order to toughen the membrane so that it may not be so easily affected by exposure. For this purpose I usually recommend a solution of sulphate of zinc in water, two or three grains to the ounce. This should be used for three or four weeks, and then substituted by some similar remedy, as ferric alum or chloride of zinc, for about the same time, after which the original spray may be again employed. Frequently, I combine with these solutions small quantities of carbolic acid, for its sedative effect, and often I add to them the distilled extract of hamamelis, eucalyptol, or Listerine. At the same time, owing to the pharyngeal trouble, troches of krameria, or Hancock's compound troches of krameria, or benzoic acid, may be beneficially employed four or five times a day. By this process, eventually, nearly all these cases will be cured, if the patient is faithful in the use of his home remedies.

The vapor inhalations which were much in vogue a few years ago, are not generally beneficial, except during the first few days of the attack; on the contrary, they are often hurtful by reason of the increased tendency to inflammation induced by the frequent applications of warmth and moisture. As a matter of course, the patient must not use the voice when hoarse, and he must be careful in recommencing its use after a period of rest.

The condition of the digestive and secretory organs must be carefully attended to in all these cases, and the rheumatic, gouty, syphilitic, or dartrous diathesis, if present, must receive proper consideration.

In a considerable number of cases, the inflammation is caused and maintained by the use of tobacco. I have found the condition most frequently among smokers, though I believe that chewing is almost as injurious in some individuals. In such cases, tobacco must be discontinued before we can hope for a complete cure.

The International Congress.—We have received a circular containing the preliminary organization of the International Congress, which we publish elsewhere, and which looks very much as though the meeting was destined to be a great success.

In this connection, it seems to us to be our plain duty to call attention to and to censure in very severe terms the unpatriotic course that has been hitherto pursued by the two prominent weekly medical journals, that, we are almost ashamed to say, have made every effort in their power to doom the Congress to failure.

With remarkable persistency, that would call only for the highest praise were it expended in a worthy direction, the Medical Record of New

York, and the Medical News, of Philadelphia, have, by repeated editorials and by the republication of extracts unfavorable to the Congress from interested foreign journals (such as those published in Berlin, which city was the great rival of the United States at Copenhagen for the honor of the Congress in 1887), used their utmost endeavors to cultivate the seeds of discontent that had been cast abroad by the disappointed clique. The editor of the Medical News is one of this select circle, and it is with sorrow that we witness his exhibition of weakness in prostituting the great mission of medical journalism to the gratification of a jealous coterie. The Medical Record is the organ of the New York circle, and its great mission has been submerged by (to say the least) an exceedingly unpatriotic course.

How different in a similar situation would be, and indeed how dissimilar in the present case is the course pursued by the great independent London weekly, the Lancet; this enormously influential journal, published in a country that would be perfectly excusable for hostility to an American Congress, has been much more loyal to our good name and our good fame than have our own journals. The scurrilous imputation has been made that the Lancet has been bought over, and as we write the words, we can see the smile that will illumine the face of Mr. Wakeley when he reads that any one could for a moment suppose that his absolute independence, that has made his journal the most influential medical publication in the world, could be bought at any price. From the beginning, Mr. Wakeley's penetration enabled him to recognize the true inwardness of this revolt, and rightly reasoning that justice, truth, and journalistic independence were to be placed high above all personal aims, he has accorded to the Congress a hearty support.

That our visitors will not see men worth seeing, and hear men worth hearing, because some of the leading lights of our large cities will "sulk in their tents," is not true. We venture to say that the distinguished physicians of Europe would consider it well worth their while to have traveled many miles to have heard and seen McDowell, Atlee, or Jenner; to see and hear Koch, and many others whose names we could mention who did not, when they became famous, belong to city cliques. It is not always those who themselves think so, who are the most worth hearing and seeing.

Besides, we are not so sure that these shining lights will not be found at the feast. It is a significant fact, that the two journals already alluded to have, for some little time, dropped their former aggressive form and stand only on the defensive, editorially noticing the Congress only when their policy in the past is attacked, and then lamely defending their course, and endeavoring ludicrously to gracefully retire from a position which they evidently regret. Now, that those who would have taken pleasure in ruining the Congress, realize that the fœtus has great vitality and gives ample promise of a vigorous maturity, they hesitate in their unpatriotic course, and since success always assures success, commence to think that they would like to do homage to its shrine, and since, with a commendable spirit, the present authorities seem inclined to extend the hand of fellowship to those among the revolters whose coöperation is universally desirable, we doubt not that the chasm will be bridged.—*Medical and Surgical Reporter.*

WHEN A PATIENT DIES OF EXHAUSTION, FROM WHAT DOES HE DIE?—Dr. J. Milner Fothergill (British Medical Journal) says: We all know what is meant by death from exhaustion. It is "failing power." The patient sinks before our eyes, slipping away because we cannot "keep up the strength," or "husband the powers," or "maintain life," as we variously phrase it. We know well that, when the sick man declines food, in a limited time he will sink. We give him the readily oxidizable alcohol, but he cannot long survive on that alone. What is amiss, that we fail to keep him alive?

If a shipwrecked sailor be deprived of food for a certain time, he will die of starvation. He grows weaker and weaker, till, at last, he dies of exhaustion. Just like the sick man, he sinks. We know, too, that, while a man so deprived of food in a cool locality will die in about ten days, he will die in less time in a cold locality; while life will be maintained for a longer period of time, even to seventeen days, in the tropics. (It is assumed that he has access to water.) Starvation is a slow form of burning up. But what is burnt up? The fuel-food of the body, clearly. The fuel of the body is glycogen and fat—the stored form of fuel.

Glycogen is burnt, we believe, as lactic acid in union with soda—lactate of soda. From the carbohydrates of our food, glycogen or animal starch is stored mainly in the liver. This glycogen is stored up from each meal, and given off, as grape-sugar, as the body requires it. Disturbance in the glycogenic function of the liver gives us diabetes, a wasting disease. In the diabetic person the combustible portions of the body are burnt up, just as in death by starvation. The liver gives off grape-sugar as long as it has any to give; and, when its store (and the spare store, the body-fat) is exhausted, then the lamp of life dies out, just as the lamp on our study-table dies out when the oil is exhausted.

Now how does all this bear on our patient sinking from failure of the powers, otherwise "dying of exhaustion"? It bears very materially upon his case. Virtually, the patient is

dying of starvation. How do we feed that perishing patient? We give him beef-tea, calf's-foot jelly, alcohol, and milk, and seltzer-water or other effervescing water. He may get a small quantity of other foods; but that just given is the staple of his regimen. Now, let me ask, in all seriousness, how much of the body-fuel (grape-sugar) is contained in the list? A small quantity of milk-sugar there is certainly; also, a small quantity of fat in the milk; some oxidizable alcohol certainly. But are we not mocking the famishing man by giving him a stone when he asks for bread? Do we not stand around his dying bedside, and, with the best intentions in the world, let him die by inches before our eyes, unsuccored, unfed?

Fashion prescribes the food of the sick-room to a large extent. Veal-broth had given way to calf's-foot jelly when my professional experience first began. Then a patient who had not had calf's-foot jelly had been neglected. Now it is beef-tea which holds the place of honor in the sick-room. Beef-tea is valuable as a stimulant, as a pleasant vehicle of something else, but its food-value is so small, that it can scarcely be classed as a food.

What that beef-tea needs is grape-sugar. How can this be added? In our prepared foods, known generally as "baby food," starch has been converted into the soluble dextrine, or maltose; the one grape-sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef-tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted, more or less completely, into grape-sugar. The saliva of a sick person is enfeebled, and so carbohydrates should be provided which do not require insalivation for their solution, being already soluble. This demand is met by the various malt extracts which contain not only soluble carbohydrates, but also some soluble albuminoids, and phosphatic salts, ground malt of like composition, also grape-sugar itself. The latter is not too sweet to pall upon the palate when added to beef-tea or other meat-broth.

BOOK REVIEWS.

The Physicians' Visiting List for 1886. Philadelphia: P. Blakiston, Son & Co.

This popular visiting list, which is now in the thirty-sixth year of its publication, contains a complete posological table, an illustrated description of Marshall Hall's ready method of resuscitating asphyxiated patients, a list of poisons and their antidotes, a *résumé* of new remedies, and a well-arranged visiting and obstetric record.

Practical Surgery, Including Surgical Dressings, Bandaging Fractures, Dislocations, Ligation of Arteries, Amputations, and Excisions of Bones and Joints. By J. Ewing Mears, M.D., Lecturer on Practical Surgery and Demonstrator of Surgery, Jefferson Medical College, etc. With four hundred and ninety illustrations. Second edition. Revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1885.

Much new and important matter has been incorporated in the second edition of this valuable work. It now contains a clear and concise description of all the operative procedures of every-day surgical life, and will be of inestimable assistance to the busy practitioner, as well as to the student when preparing for examination.

Inebrism; a Pathological and Physiological Study. By T. L. Wright, M.D., Bellefontaine, Ohio. Published by the author.

This instructive treatise is devoted to a consideration of the causes of inebriety, and the pathological changes which are developed in the organs and tissues of inebriates. It contains much important information and many valuable suggestions, and should be read by every lover of humanity.

Post-Mortem Examination, with especial reference to Medico-Legal Practice. By Professor Rudolph Virchow. Translated by T. P. Smith, M.D., M.R.C.S. Philadelphia: P. Blakiston, Son & Co., 1885.

This valuable monograph contains an interesting account of Professor Virchow's early experience as Prosector in the Berlin Hospital, and the subsequent development under his guidance of a systematic method of making *post-mortem* examinations. By this method a *post-mortem* examination can be completed in three or four hours, and yet conducted so carefully that every possible cause of death may be fully investigated.

A Text-Book of Medical Chemistry for Medical and Pharmaceutical Students and Practitioners. By Elias H. Bartley, M.D., Adjunct Professor of Chemistry and Lecturer on Diseases of Children in Long Island College Hospital, etc., with forty illustrations. Philadelphia: P. Blakiston, Son & Co., 1885.

This work is the result of the author's experience as a teacher of chemistry during the past twelve years, and corresponds in subject matter and general arrangement with the course of lectures given by him for several years in the Long Island College Hospital. It was written especially for the use of medical and pharmaceutical students, but will also be of value to the practising physician as a book of ready reference.

Official Formulæ of American Hospitals. Collected and arranged by C. F. TAYLOR, M.D., editor of The Medical World. Published by The Medical World, Philadelphia.

This little volume contains the formulæ which are most frequently employed in the principal American hospitals. It has been carefully compiled by Dr. C. F. Taylor, and will be found to be a useful pocket companion.

A Treatise on Nervous Diseases; their Symptoms and Treatment. A Text-Book for Students and Practitioners. By SAMUEL G. WEBBER, M.D., Clinical Instructor on Nervous Diseases Harvard Medical School, etc. New York: D. Appleton & Co., 1885.

This volume contains a concise but comprehensive description of the etiology, pathology, diagnosis, prognosis, and therapeutics of the functional and organic diseases of the nervous system. It is written in an attractive style, and will prove a valuable addition to the working library of every practitioner of medicine.

The Physician Himself, and what he should add to his Scientific Acquirements in order to secure Success. By D. W. CAHILL, M.D., late Professor of Pathology in the College of Physicians and Surgeons, of Baltimore. Fifth edition. Revised and enlarged. Baltimore: Cushing & Bailey, 1885.

The success of this admirable book is as unparalleled as it is well deserved. Over fifteen thousand copies were sold within two years from its first publication, and the fifth edition, which has been recently printed, will soon be exhausted also.

We cordially advise those of our readers who have not yet procured a copy of it, to send for one at once. It is full of practical suggestions, from which every young practitioner, and many old ones, can derive both pleasure and benefit.

Milk Analysis and Infant Feeding: a Practical Treatise on the Examination of Human and Cow's Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of Young Infants. By ARTHUR V. MEIGS, M.D., Physician to the Pennsylvania Hospital, and to the Children's Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

This little book is a valuable contribution to our knowledge of infantile dietetics. The author, after long and careful investigation, is convinced that human milk contains a much smaller percentage of casein than is ordinarily believed to be present in it; and that the failure of the various substitutes which are used for it is due to the fact that they usually contain more casein than can be digested by the infantile stomach. Experience has shown that these views are correct.

The Use of the Microscope in Clinical and Pathological Examination. By DR. CARL FRIEDLANDER, Private Docent in Pathological Anatomy, Berlin. Translated by HENRY C. COE, M.D., Pathologist to the Woman's Hospital. New York. Second edition. Enlarged and improved. New York: D. Appleton & Co., 1885.

This volume contains a concise description of the best methods of making microscopic examinations for diagnostic and pathological purposes, and will be found to render invaluable aid in many obscure cases. Its author is well known as one of the most expert anatomists and microscopists of the famous Berlin school.

Aids to Gynecology. By ALFRED S. GUBB, L.R.C.P., M.R.C.S. New York and London: G. P. Putnam's Sons, 1885.

Aids to Surgery. By GEORGE BROWN, M.R.C.S., L.S.A. New York and London: G. P. Putnam's Sons, 1885.

Aids to Obstetrics. By SAMUEL NALL, B.A., M.B. New York and London: G. P. Putnam's Sons, 1885.

Aids to Medicine. By Dr. C. E. ARMAND SEMPLE, B.A., M.B., etc. New York and London: G. P. Putnam's Sons, 1885.

This valuable series of compends has been written for the use of students while preparing for examination. Each volume presents in a clear and concise manner all the important facts connected with the subject of which it treats. The volume on gynecology is especially worthy of commendation, as containing a complete *résumé* of all the salient features of that department of medicine.

Leonard's Physician's Pocket Day-Book. Published annually by the Illustrated Medical Journal Company, Detroit, Mich.

This popular day-book is now in its ninth year of publication. It is good for thirteen months, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having a cash department, and complete obstetric records. It also contains columns for the diagnosis of the case, or for brief record of the treatment adopted, following each name space.

Modern Therapeutics of the Diseases of Children. By J. F. EDWARDS, M.D. Philadelphia: D. G. Brinton, M.D., 1886.

This valuable book presents in a concise form a summary of the most approved modern methods of treatment of diseases of children. The sections on diphtheria, croup, and bronchitis are especially instructive. Every page, however, contains valuable suggestions, and will well repay careful perusal.

A Compend of the Practice of Medicine. By DANIEL E. HUGHES, M.D., Demonstrator of Clinical Medicine, Jefferson Medical College, etc. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable work is one of the most complete handbooks of the practice of medicine that has yet been published. It is based upon the popular quiz compends written by the author some years ago, but contains much new and original matter, and has been further enlarged and improved by the addition of a complete section upon diseases of the skin.

A Practical Treatise on the Diseases of Children. By ALFRED VOGEL, M.D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and edited by H. RAPHAEL, M.D., New York. Third American edition, from the eighth German edition. Revised and enlarged. New York: D. Appleton & Co., 1885.

The value of Professor Vogel's interesting and instructive treatise on the diseases of children is sufficiently attested by the fact that it has been translated into four languages, and the present edition is the third that has been issued in America within a few years. It contains a complete summary of the etiology, pathology, prognosis, and therapeutics of the varied diseases of infantile life. It is evidently the result of years of personal experience, as well as of extensive reading, and is well entitled to a first place in the field of modern medical literature.

NEW PUBLICATIONS RECEIVED.

Puerperal Mania, by T. K. Holmes, M.D., Chatham, Ont. Reprint from Canadian Practitioner.

Contributions to the Philosophy of Color, by William C. Cahall, M.D., Philadelphia. Reprint from Popular Science Monthly.

Rectal Medication, by D. W. Cathell, M.D. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland.

The Surgical Treatment of Cystis of the Pancreas, by N. Senn, M.D., Chicago, Ills. Reprint from Journal of American Medical Association.

Mechanical Dilatation of the Uterus, by Charles Meigs Wilson, M.D., Philadelphia. Extract from Transactions of Pennsylvania State Medical Society.

A Case of Laparotomy for Gunshot Wound, by John R. Hamilton, M.D., Washington, D. C. Reprint from the Journal of the American Medical Association.

Iritis: Its Relation to the Rheumatic Diathesis and Its Treatment, by Charles J. Lundy, A.M., M.D., Detroit, Mich. Reprint from the Physician and Surgeon.

Abnormal Positions of the Head: What do they Indicate? by Edward Borck, A.M., M.D., St. Louis, Mo. Reprint from The Medical and Surgical Reporter.

In Memoriam, John L. Atlee, M.D., LL.D. An Address delivered before the Lancaster City and County Medical Society, by J. L. Ziegler, A.M., M.D., of Mount Joy, Pa.

Hydrobromic Ether, or Bromide of Ethyl as an Anæsthetic, by Laurence Turnbull, M.D., Ph.G., Philadelphia, Pa. Reprint from the Journal of the American Medical Association.

The Practice of Artificial Anæsthesia, Local and General, with especial reference to the Modes of Production and their Physiological Significance, by Dudley W. Buxton, A.M., M.D. Reprint from British Medical Journal.

A Case of Fatal Ear Disease, beginning as a Circumscribed Inflammation in the outer half of the External Auditory Canal, by Charles J. Kipp, M.D., Newark, N. J. Reprint from Transactions of American Otological Society.

Résumé of Dr. J. Mortimer Granville's Book on Nerve Vibration and Excitation, with Notes of Clinical Experience with the Percuteur, by Asa F. Pattee, M.D., Boston, Mass. Reprint from the Journal of the American Medical Association.

Observations upon the Mutual Relations of the Medical Profession and the State. An Address by Donald Maclean, M.D., President of the Michigan State Medical Society. Delivered before the Society at Port Huron, Mich. Published by order of the Society.

Ninth International Medical Congress, to be held in Washington, D. C., in September, 1887. Preliminary Organization. Rules and General Officers. Published by order of the Executive Committee, Henry H. Smith, M.D., Chairman, Philadelphia; Nathan S. Davis, M.D., LL.D., Secretary-General, Chicago, Ills.

On the Necessity of an International Pharmacopœia. An Address delivered in French before the International Pharmaceutical Congress, at its meeting in Brussels, September 1, 1885, by F. J. B. Quinlan, M.D., Professor of Materia Medica and Therapeutics, Catholic University Medical College, etc. Reprint from the Dublin Journal of Medical Science.

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ORTHOPÆDIC NOTES.

WITH REPORTS OF INTERESTING CASES TREATED AT THE SURGICAL INSTITUTE, N. E. CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. C. ALLEN, M.D.,
Surgeon in Charge.

(Continued from December number.)

CASES of lateral curvature having a central origin are by far the most numerous; they are due to some occult fault in the nerve-tract, which causes a failure of some of the normal nervous influences to reach certain portions of the spinal and thoracic systems of muscles. Very nearly all the cases starting with a distortion in the dorsal region as the primary curve have this origin. Secondary and compensatory curves in the cervical and lumbar regions soon follow. The resulting deformity seems capable of progressing to almost every conceivable extent, and is almost universally accompanied with some rotation of the vertebræ. The different points and different degrees of deformity, and the different relative amount of rotation will depend upon, and will be easily explained by, the different extent to which certain sets and different portions of the complicated system of muscles that control the motions of the spinal column are affected or involved.

The curvatures of mechanical origin have most frequently the primary curve in the lumbar region, and are usually unattended with rotation of the vertebræ.

The simple classification here suggested will enable us to clear away much of the confusion and conflict of opinion that has prevailed in regard to the treatment of lateral curvature. Cases of the first class, those of central origin, can be best treated by gymnastic exercises, carefully arranged and regulated so as to be adapted to the condition of each patient; but some appropriate mechanical support will generally be found to be an indispensable adjunct, and the best possible hygienic influences must be provided. The best results will not be attained unless all these measures are skilfully and resolutely persevered in. By these means a practical cure is nearly always obtainable if the patient is early treated and is yet within the growing period of life. A complete arrest of the disease, with some diminution of the deformity, can be confidently expected between the twentieth and twenty-fifth years, and a like result is sometimes obtainable up to thirty-five or forty years of age, or even later.

In the treatment of the second class of cases, or those of mechanical origin, the most important procedure is the accurate adjustment of an appropriate mechanical support, or such other mechanical measures as will remove or overcome the mechanical cause. A few of these cases are thus susceptible of absolute cure. Many others can be greatly relieved and improved; and there are but few in which the progress of the deformity cannot be arrested. I am aware that this is giving a prognosis much more favorable than is usually admitted for cases of lateral curvature; such results, however, can be obtained, though only by diligence and perseverance and constant attention. The mere

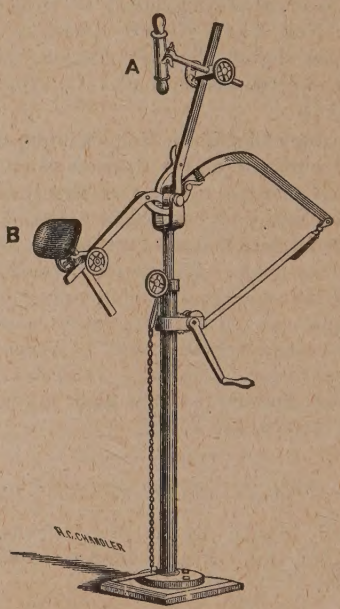

FIG. 8.

application of ever so excellent a form of mechanical support and an occasional looking after it, will not do. Every mechanical support must be incessantly watched and continually kept up to its work. So, also, with any system of gymnastic exercise; it must be resolutely and efficiently carried out, and from time to time modified as the indications change. If aught less than this is done, dismal failure will continue to be the usual result of any and every kind of treatment for lateral curvature.

Many ingenious methods have been devised by orthopædic surgeons to provide lateral curvature patients with appropriate gymnastics. These exercises should be conducted in connection with an improved position of the spinal

column. Barwell's sloping seat is very simple and very useful in certain mild cases. The common apparatus for suspension is also exceedingly useful; but the modification of it shown in Fig. 8, used at the Institute, is, I think, much superior to it. The convex portion of the curvature is placed against the pad *B*, while the patient suspends himself by grasping with the hands the bar *A*. The relative position of the pad *B* and bar *A* can be infinitely varied and adjusted so as to suit a patient of any size, and admit of any degree of extension and pressure that may be advisable in each particular case. When there is a mild case with but slightly developed rotation, Barwell's "Respiratory Exercise" will be found useful. In the more marked and stubborn cases, with much rotation, the apparatus used at the Institute is described in Fig. 9. The patient occupies the seat *D*, the back resting against the pad *C*, the armpits rest in the crutches *A A*. The adjustable pad *B* rests obliquely against the convex deformity of the thorax, the crutches *A A* are elevated at the same moment that the pad *B* is moved forward, the combined motion giving thorough exercise to every muscle of the back and thorax. It is pleasant exercise to the patient. It stretches the spine and at the same time pushes the deformity toward a correct position, and gently, but thoroughly, exercises the muscles of the whole thoracic structure. It has proved to be a very valuable adjunct in the treatment of lateral curvature. Where the patient is feeble and unable to endure much ex-

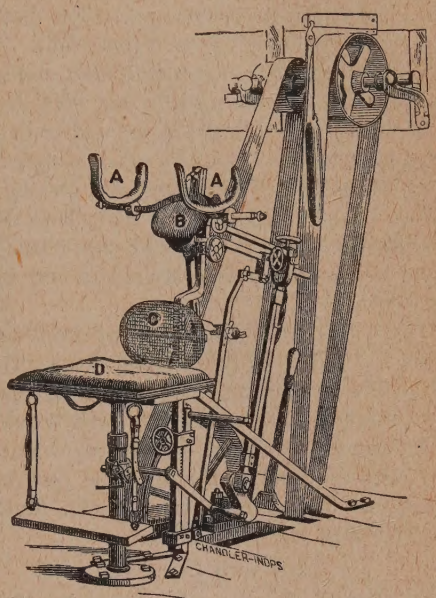

FIG. 9.

ercise, a horizontal stretching-table, with adjustable pads for lateral pressure, is indispensable; such a one is depicted in Fig. 10. It is

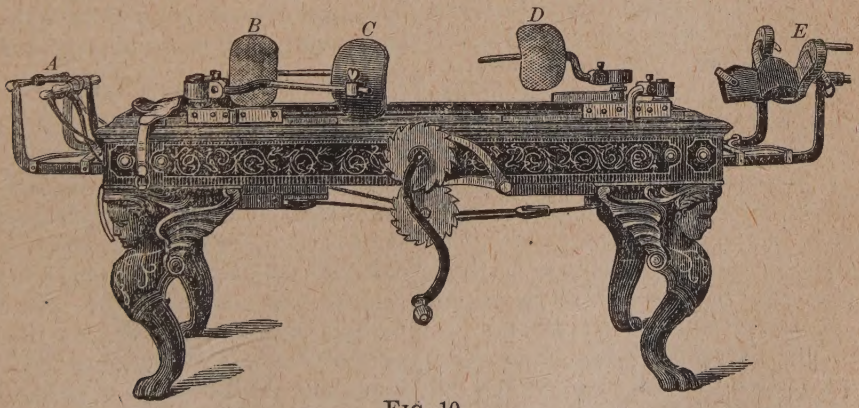

FIG. 10.

a sort of "rack" which can be used so gently as to give but little pain, but so effectively as to produce very favorable changes in many cases too feeble for any method of suspension. Stretching in the horizontal position provokes muscular contractions, and thus becomes really a valuable exercise to the spinal muscles, and if well arranged and regulated, can often be practiced without causing much fatigue. For a similar class of cases, Fig. 11 represents a very ingenious and useful machine, capable of innumerable niceties of adjustment. The patient sits upon the seat *E*, with the head supported on the rest *A*, the sides and back supported with perfect comfort and exactness by the movable pads *C G* and *D*, which can be almost infinitely adjusted to suit each individual case and each individual peculiarity.

[To be continued.]

COMMERCIAL NEWS.

Treatment of Remittent Fever.

On page 14 of this issue of The Medical Bulletin, Dr. W. R. D. Blackwood, Neurologist Presbyterian Hospital, says, "The dietetic treatment of remittent fever is important. The food must be nutritious, yet digestible, and here the Tartarian Koumiss made by Mr. McKelway, of this city, fills admirably the indication, it being at once easily digested, gently stimulating from its carbonated character, and owning all the food value of good milk. Singularly those who dislike pure milk can take and relish the koumiss. It is invaluable in gastritis and wasting disease."

This preparation of milk is also valuable in dyspepsia and debility following acute, or accompanying chronic diseases. It is agreeable and refreshing, and its use has been attended with remarkable success in allaying vomiting and gastralgia, and in restoring the process of nutrition. See advertisement of Mr. McKelway, on page 16.

Coca and Cocaine.

M. Bignon, Professor in the Lima (Peru) School of Pharmacy, says, "In fresh or recently dried coca leaves that have undergone no fermentation, there exist only one inodorous, crystallizable alkaloid, cocaine. Coca leaves dried in damp weather, or pressed into sacks before completely dried, undergo a fermentation that destroys the cocaine. The fresh leaves, or leaves freshly dried in the open air in fine weather, with frequent turning, and sheltered from moisture and dew, yield easily eight grains per kilogram, and the fine sorts can give ten grammes and upward in exceptional cases and on the spot where they are grown. The employment of coca by the Indians has been badly observed. The Indian never chews coca alone; he mixes it with lime and ash, that is to say, with strong bases that isolate the cocaine."

Having in view the cautions implied in this article of Professor Bignon, the Mutual Chemical Company have arranged to procure fresh sun-dried coca leaves for use in their "Phosphated Coca-Malt," and by combining them with the phosphites of lime and soda, have produced a combination of unusual efficacy, containing with other valuable properties, all the advantages of the aboriginal mixture of coca and ashes. See their advertisement on colored insert.

Pure Water.

The Submerged Filter was awarded a bronze medal, the first award for merit, at the American Institute Fair in New York City last week; and from our personal experience with one we have, we thing it well deserves the compliment. Pure water is possibly the first requisite to the maintenance of perfect health, and since this filter is constructed on scientific principles, we bespeak for it an enthusiastic reception by the profession. See their advertisement on page 19.

Hydrastis.

"No remedy for physicians' use has been received with such universal approval." We quote the above from a well known medical writer, and would add that to the late William S. Merrell belongs the "largest share of credit for the introduction of Hydrastis preparations." It is claimed that these preparations stand preëminent to-day as the most valuable exponents of our vegetable materia medica, applicable as they are to the treatment of all irritable, inflammatory, and ulcerative conditions of the various mucous membranes.

The William S. Merrill Chemical Company have been experimenting with the drug for nearly half a century, and have produced a series of Hydrastis combinations representing all the active principles of the drug. They are the largest consumers of it in the world. Their advertisement will be found on colored insert.

Canton Chair.

Dr. George B. Swayze, 1828 Columbia Avenue, Philadelphia, says, "The Canton Chair embraces in itself all the best thought and devices, all the essential conveniences and excellencies of all the chairs which have preceded it, and goes beyond them all in ease and grace of combination. At the same time it is the handsomest chair before the profession—one that sensitive, nervous women do not shrink from—one which I would not exchange for any other. No little kink has been forgotten or overlooked in its construction—even to the jaw-teeth fastenings of the shafts of the stirrups, which secure any necessary or desired elevation and separation of the feet; to the automatic play of the curved foot rest of the stirrup to preserve ease for the foot and ankle; to the lowering of the seat softly from the patient." A cut of the chair appears in their advertisement, on page 26.